

TOWN OF NORTH ANDOVER
Community & Economic Development
HEALTH DEPARTMENT
120 Main Street
NORTH ANDOVER, MASSACHUSETTS 01845



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WEBSITE: <http://www.northandoverma.gov>

* **POOL PERMIT APPLICATION** *

Application is hereby made for a permit to operate a (check one please):

public *semi-public* *wading* *special purpose* pool.

**Please fill out this form completely*

Owner: _____

Address/Tel. # _____

Management Co. (if applicable): _____

Certified Pool Operator: (CPO) _____ Tel.# _____

GENERAL INFORMATION

Please refer to the state code: 105 CMR 435.000: Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V for all regulations. These regulations can be accessed through the state website at www.state.ma.

TYPE: _____

LENGTH: _____

WIDTH: _____

VOLUME: _____

AVERAGE FLOWMETER RATE: _____ RATE OF TURNOVER: _____

SIZE: Swimming Area (sq. ft.) _____

 Non Swimming Area (sq. ft.) _____

 Diving Area (sq. ft.) _____

 Maximum Capacity (persons) _____ # of Life Guards _____

SCUM GUTTER: _____

TRIM AND FINISH: Pool walls and bottom _____

DECKING: TYPE: _____ Minimum Width: _____

MECHANICAL INFORMATION: Filters: Kind _____

Skimmers: Weir Length _____ Number _____

Chlorinator: Type _____ Capacity (lbs) _____

Chemical feeders: _____ Quantity _____

FENCE HEIGHT: _____

REMARKS: _____

FEE: \$135.00 per pool. Please make Checks payable to the Town of North Andover

Check enclosed _____ Payment made on line _____

If application and payment not received by May 1st, fee will be doubled to \$270.00 per pool.