



TOWN OF EASTHAM

2500 State Highway, Eastham, MA 02642

All Departments 508-240-5900

www.eastham-ma.gov

Please find attached the application for your swimming pool or whirlpool permit. Applications are due at least two weeks before your planned opening date. In addition to the completed application form, the following are required:

- Routine Water Test Results
- Certificate of Liability Insurance
- Certified Pool Operator Certificate
- CPR Certificate
- Bacteriological Pool Water Analysis
- Application Fee

Fees for the pool permit is \$100 per pool. Checks should be made payable to the Town of Eastham. If you have questions about the fee required for your business, please call the Health Department at the number listed below.

If you have any questions, please contact me at 508.240.5900 ext 3230 or health@eastham-ma.gov.

Respectfully,

Karen Chimwaza
Community Development Assistant



**Town of Eastham
Board of Health**

2500 State Hwy, Eastham, MA 02642
 (508)240-5900 x3230
 Fax: (508)240-5918
 Email: health@eastham-ma.gov

For Town Use Only: POOL# _____ Date Received: _____ Check #: _____ <input type="checkbox"/> Bacteriological Water quality analysis <input type="checkbox"/> Cert. Of liability <input type="checkbox"/> Workman's Comp <input type="checkbox"/> Certified Pool Operator Certificate <input type="checkbox"/> CPR Certificates for all CPR trained employees

Swimming/Whirlpool Application

Name of Establishment:	Email:
Business Address:	Business Tel:
Town/Zip:	

Applicant Name:	Applicant Email:
Applicant Address:	Applicant Home Tel:
Town/Zip:	24 Hour Emergency Number:

Name of Certified Pool Operator (CPO):	Phone:
CPO #:	Email:

CPR Certified Employees:

Name	Certificate #	Expiration Date

Type of Pool: Outdoor Swimming Pool Indoor Swimming Pool Whirlpool

Method of Water Treatment:	
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Dates of Operation:

Start Date:		End Date:	
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Pursuant to MGL Chapter 62C, section 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid states taxes required by law.

The undersigned hereby applies for a license to operate a swimming pool in accordance with 105 CMR 435.000.

Signature _____

Date _____

Print Name _____