



ROCKPORT BOARD OF HEALTH  
34 Broadway  
Rockport, MA 01966

Tel: 978-546-3701

Fax: 978-546-5013

**APPLICATION TO CONSTRUCT PUBLIC OR SEMI-PUBLIC POOL**

Application is hereby made for a permit to construct a public or semi-public pool in accordance with the State Sanitary Code, Chapter V, 105 CMR 435.000: Minimum Standards for Swimming Pools.

Pool Name or Location: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Applicant Tel.: \_\_\_\_\_ Email : \_\_\_\_\_

Applicant is Owner / Operator / Other: \_\_\_\_\_

Owner Name (if not Applicant): \_\_\_\_\_

Type of Pool: (Swimming / Wading / Special Purpose) : \_\_\_\_\_

Type of Pool: (Public / Semi-Public): \_\_\_\_\_

List All Plans and Documents submitted as part of this Application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Plan Review Fee: \$150.00, Payable to: Town of Rockport**