

**TOWN OF NORTH ANDOVER**  
**Office of COMMUNITY DEVELOPMENT AND SERVICES**  
**HEALTH DEPARTMENT**  
**1600 OSGOOD STREET; BUILDING 20; SUITE 2-36**  
**NORTH ANDOVER, MASSACHUSETTS 01845**



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**Public Health Director**

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**\* POOL PERMIT APPLICATION \***

Application for a permit to operate a swimming pool. Application is hereby made for a permit to operate a (circle one please): *(public) (semi-public) (swimming) (wading) (special purpose)* pool. *\*Please fill out this form completely*

**Location:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Tel. #** \_\_\_\_\_

**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](http://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**

If application and payment not received by May 1<sup>st</sup>, a Late Fee of: \$270.00 per pool, will be incurred.