

Town of Erving
Application for Permit to Operate a Public or Semi-Public
Swimming Pool

Fee: \$50.00

Permit #:

Date of Application: _____

Name of Applicant: _____

Applicant Address: _____

Business Name: _____

Address of Business: _____

Telephone Number: _____

If a corporation or partnership; give names, titles and home address of officer and/or partners:

State of Incorporation: _____

Name and address of local agent: _____

Type of Establishment (check all that apply):

- ☐ **Apartment Building(s)** ☐ **Bed & Breakfast**
☐ **Residential**
☐ **Motor Inn**

Additional Information:

Water source: ☐ Private ☐ Public Certified Pool Operator: _____

Septic: ☐ Private ☐ Public _____

Method of water treatment: _____

Dates of operation if not annual: _____

Public, Semi-Public or Special Purpose Pool: _____

Signature of Applicant: _____ Social Security # _____

Board of Health USE ONLY

Year: _____ Permit #: _____ Date Issued: _____

Check Number: _____ Amount Received: _____

B.O.H. Signature (or authorized official): _____

Please make checks payable to the Town of Erving