



***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*