



**TOWN OF TRURO
BOARD OF HEALTH**

PO Box 2030, Truro MA 02666
P: 508-349-7004 x131 F: 508-349-5508

APPLICATION FOR POOL/HOT TUB PERMIT

Fee: \$50.00

New Renewal

Business/Owner Name: _____ #: _____

Address of Pool/Hot Tub: _____

Opening/Closing Dates: _____ Hours of Operation: _____

Certified Pool Operator: _____ #: _____

Swimming Pool

Hot Tub

<input type="checkbox"/> Indoor	<input type="checkbox"/> Indoor
<input type="checkbox"/> Outdoor	<input type="checkbox"/> Outdoor
<input type="checkbox"/> Semi-Public	<input type="checkbox"/> Semi-Public

PLEASE INCLUDE WITH YOUR APPLICATION:

- ✓ Lab results for bacteriological analysis (Standard Agar Plate Count, Pseudomonas aeruginosa and Total Coliform).
- ✓ Copy of your most recent CPO certification (pool operators only)

Water bacterial tests must be conducted prior to the operating season for all pools, spas, and hot tubs. The certified pool operator must, at a minimum, conduct weekly site visits to ensure the pool is being operated in a safe and sanitary manner.

I fully understand that the annual pool/hot tub permit is contingent upon my adherence to 105 CMR 435.000, The Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V) and all applicable State laws and local regulations. Failure to comply may result in the suspension or revocation of my annual license and any other legal action deemed appropriate by the Town of Truro

Signature of Applicant

Date