



**TOWN OF BREWSTER**  
**2198 MAIN STREET**  
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OFFICE OF  
HEALTH DEPARTMENT

**APPLICATION FOR PERMIT TO OPERATE A PUBLIC/SEMI-PUBLIC SWIMMING, WADING OR  
SPECIAL PURPOSE POOL**

The undersigned hereby applies for a permit to operate a swimming, wading or special purpose pool in accordance with the State Sanitary Code: Chapter V, 105 CMR 435.000: Minimum Standards for Swimming Pools.

Name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_

Facility phone #: \_\_\_\_\_

Mailing address (if different than facility): \_\_\_\_\_

Name and Title of Applicant: \_\_\_\_\_

Name, Address & Phone # & Email address of owner: \_\_\_\_\_

\_\_\_\_\_

Name of Certified Pool Operator: \_\_\_\_\_

**(Must provide copy of current CPO certificate)**

Type of Pool: Swimming ( ) Wading ( ) Special Purpose ( )

Days and hours of operation: \_\_\_\_\_

Year Round ( ) Seasonal ( )

Expected opening date: \_\_\_\_\_

Pool Size: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Volume (gallons): \_\_\_\_\_

Swimming area (over 5 feet in depth) (Sq. Ft.): \_\_\_\_\_

Non-swimming area (5 feet or less in depth) (Sq. Ft.): \_\_\_\_\_

Diving area (if applicable) (Sq. Ft.): \_\_\_\_\_

Bather load: \_\_\_\_\_

**Water Filtration and Filtrations Systems:**

Source of water:\_\_\_\_\_

Number of main drains:\_\_\_\_\_

Number of skimmers:\_\_\_\_\_

Pump size and rating (GPM):\_\_\_\_\_

Filter type and total filter area:\_\_\_\_\_

**Sanitizer:** (check one) Chlorine ( ☐ ) Bromine ( ☐ )

**Fee: \$110.00 per pool**

Signature of applicant:\_\_\_\_\_Date:\_\_\_\_\_