



Housatonic Valley Health District License to Operate Public Pool - Application Form

Fee for License to Operate: **\$200.00** Per Seasonal Pool

Pool Name: _____ Date: _____

Pool Location: _____

Owner/Property Manager: _____

Address (City, State, Zip): _____

Telephone: _____ Fax: _____

Email: _____

Pool Operator: _____

Address (City, State, Zip): _____

Telephone: _____ Fax: _____ Email: _____

Type & Number of Pool(s):

Public Swimming Pools: _____ Wading Pools: _____ Seasonal Year-Round

Whirlpools & Hot Tubs: _____ Special Use Public Pools: _____

Emergency Contact Person:

Name: _____ Email: _____

Telephone: _____ Other Information: _____

Signature of Applicant: _____ **Date:** _____

*If applying for permits at multiple locations, photocopy this form or contact Housatonic Valley Health District to request duplicates.

FOR OFFICE USE ONLY:

Fee Amount: \$ _____	Date Received: _____	Check #: _____
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****All application fees are non-refundable****