



**TOWN OF RAYNHAM**  
**Selectmen and Board of Health**  
558 South Main Street  
Raynham, MA 02767  
Tel: 508-824-2766

**SWIMMING POOL PERMIT APPLICATION**

**Date:** \_\_\_\_\_

**Fee:** \_\_\_\_\_  
(Permits expire on December 31)

**Semi-Public Pool**  **(\$100.00)**    **Wading**  **(\$75.00)**    **Special Purpose**  **(\$100.00)**

Application is hereby made for a permit to operate a public, semi-public, or wading pool. This pool is to be operated according to the minimum standards for swimming pools set forth in Article VI of the Sanitary Code of the Commonwealth of Massachusetts.

**OWNER** \_\_\_\_\_ **Tel. No.** \_\_\_\_\_

**LOCATION** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**TYPE OF POOL** \_\_\_\_\_ **LENGTH** \_\_\_\_\_ **WIDTH** \_\_\_\_\_ **VOLUME** \_\_\_\_\_

**SKETCH** (A detail plan must be filed with original application)

**SIZE:** **SWIMMING AREA** \_\_\_\_\_ **NON SWIMMING AREA** \_\_\_\_\_ **DIVING AREA** \_\_\_\_\_

**SOURCE OF WATER** \_\_\_\_\_

**DISPOSAL OF SEWAGE AND WASTE WATER** \_\_\_\_\_

**TYPE OF FINISH** \_\_\_\_\_ **SCUM GUTTER** \_\_\_\_\_

**DECK:** **TYPE AND WIDTH** \_\_\_\_\_ **SKIMMERS:** **WEIR LENGTH** \_\_\_\_\_

**TREATMENT SYSTEM (Kind of filters, etc.)** \_\_\_\_\_

**DISINFECTION METHOD (Method, type, capacity, etc.)** \_\_\_\_\_

**CHEMICAL TREATMENT (Feeders, capacity, quantity, etc.)** \_\_\_\_\_

**REMARKS** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.**

**Social Security Number or Federal ID:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request