



**Brian M. Arrigo**  
Mayor

# The City of REVERE, MASSACHUSETTS

American Legion Building Rear  
249 Broadway  
Revere, MA 02151  
Tel: (781) 286-8176  
Fax: (781) 286-8369

## BOARD OF HEALTH

**APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL**  
**105 CMR 435.000 Minimum Standards for Swimming Pools**  
(Please Print or Type)

Fee: Outdoor Swimming Pool - \$100 Indoor Swimming Pool - \$150 Hot Tub - \$100

1. Location of Pool: \_\_\_\_\_

2. Owner: \_\_\_\_\_

3. Name and Title of Person in Charge of Pool During the Swimming Season: \_\_\_\_\_

On site phone#: \_\_\_\_\_

Realty Company, if any \_\_\_\_\_ Office phone: \_\_\_\_\_

Certified Pool Operator: Name/# \_\_\_\_\_ (attach copy of certificate)

4. Circle Type: Indoor Outdoor Hot Tub

5. Hours of Operation: M-F \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

6. # of Lifeguards Present During Hours of Operation \_\_\_\_\_

7. Physical Description: Length: \_\_\_\_\_ feet Width: \_\_\_\_\_ feet Slide \_\_\_\_\_ Diving Board \_\_\_\_\_

Size of the Swimming pool: \_\_\_\_\_ Sq. Ft. Total Gallons: \_\_\_\_\_  
(To determine the swimming area: Measure the length of the pool from the five foot depth marking to the deepest end and measure the width of the pool. Multiply the length by the width. If a diving board is present, subtract 100 square feet from the total square foot measurement.)

Size of Non-Swimming Area \_\_\_\_\_ Sq. Ft.  
(To determine the non-swimming area: Measure the length of the pool from the shallow end up to the five-foot depth marking. Measure the width of the pool. Multiply the length by the width.)

Maximum Capacity: \_\_\_\_\_ Calculated Flow Rate: \_\_\_\_\_ (gpm) Turn Over Rate: \_\_\_\_\_ (Per Hour)

8. Water Circulation and Filtration: Briefly describe the water circulation and filtration system (method of chlorination, water turnover rate, etc.)  
\_\_\_\_\_

9. I, the undersigned certify under the penalties of perjury that the applicant has filed all state/local tax returns and paid all state taxes as required by law. (MGL Chapter 2c s 49A).

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date