

Town of Reading 16 Lowell Street Reading, MA 01867-2684 Website: www.readingma.gov

Reading Health Division Phone: 781 942-9061 Fax: 781 942-9071

APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

Application is hereby	y made for an annual	/seasonal permit	to operate a:	
Public	Semi-public	Wading	Swimming	Special Purpose
pool in the Town of	Reading.			
Location:				
Owner:				
Owner's Address:				
Mailing Address:				
Telephone:				
Method of water trea	tment:			
Certified Pool Opera (Attach copy of certified)	tor: ficate)			
Number of trained lif (Attach copies of CP				
Maximum bather loa	d:			
I have received a cop (State Sanitary Code	=	000 Minimum St	andards for Swimr	ning Pools
I understand that if the standards outlined in paid directly to the D	105 CMR 435.28 th	at the cost of the	retest will be born	ne by the pool owner,
Signature:		_	Date:	
Print Name		_		
Fee: Indoor Pool \$15	Seasonal Pool	\$75 Payable t	o the Town of Rea	ading

Expiration date of seasonal pools permit May 30 – September 30.