

WATERBURY HEALTH DEPARTMENT

Public Pool Permit Application

Permit Status: New ____ Renewal ____

Facility Name: _____

Address: _____ Phone Number: _____

Owner's Name: _____

Address: _____ Phone Number: _____

Manager/Supervisor's Name: _____ Phone Number: _____

Type(s) of Pool:

Manner of Disinfection:

Type of Filter:

Application Fee: \$50.00

Permit Fee: \$200.00 Make checks or money order payable (No Cash): Waterbury Health Department

Application Date: _____ Applicant's Signature: _____

OFFICE USE ONLY

Amount Paid: _____ Date of Issue: _____

Payment Information: Check # _____ Money Order # _____