



Town of Dedham
 Board of Health
 450 Washington St
 Dedham, MA 02026
 (781)- 751-9220
 www.dedham-ma.gov



Public Health
 Prevent. Promote. Protect.

Application for a Permit to Operate a Swimming Pool
 (Swimming/Wading Pool/Sauna/Whirlpool)

Pool Location:

Name of pool facility: _____

Address: _____

_____ Dedham, MA 02026 _____

Applicant/Contractor:

Name: _____

Email: _____

Phone #: _____

Emergency #: _____

Owner:

Name: _____

Address: _____

Email: _____

Phone #: _____

Emergency #: _____

Pool Information:

Date of pool opening: _____ Date of pool closing: _____

Trim and Finish of Pool walls and bottom: _____

Certified pool operators name: _____ Phone number: _____

Registration #: _____

Please submit a copy if the certified pool operator certificate

Circle the type of pool: Public Semi-public Whirlpool
 Sauna Wading pool Other: _____

Physical Dimensions:

Total Length: _____ Total Width: _____ Avg. Depth: _____ Total Gallons: _____

Bather Load Capacity:

Portions of the pool over five feet in depth shall be designated as the "swimming area" (S.A.). Portions of the pool under 5 feet in depth shall be designated as the "non swimming area". Twenty square feet is required for each person in the S.A. Fifteen square feet is required for each person in the Non S.A. Ten square feet is required for each person in the special purpose pool.

S.A. Length: _____ S.A. Width: _____ Number of Swimmers: _____

Non. S.A. Length: _____ Non. S.A. Width _____ Number of Non Swimmers: _____



Town of Dedham
 Board of Health
 450 Washington St
 Dedham, MA 02026
 (781)- 751-9220
 www.dedham-ma.gov



Public Health
 Prevent. Promote. Protect.

Pool Details (Provide additional information if "other" is chosen):

Water Source: Public Private Other: _____

Sewage Disposal: Public Private Other: _____

Pool Water Disposal: Public Private Other: _____

Pool finish: Gunite Concrete Tile Other: _____

Overflow channel (scum gutter) length: _____ Skimmer weir length: _____

Number of skimmers: _____

Deck width: _____

Deck finish: Granite Concrete Tile Other: _____

Filtration systems: Diatomaceous earth (DE) Separation Tank (for DE filters)
 Sand Cartridge filters Other: _____

Chemical sanitizers: Chlorine Bromine Other: _____

Fees:

Check Applicable Fee	Type of Fee	Fee Amount
	New construction	\$100
	Upgrade	\$50
	Seasonal semi/public pool	\$200
	Year-round semi/public pool	\$300
	Seasonal semi/public whirlpool/sauna	\$175
	Year-round semi/public whirlpool/sauna	\$250

*By signing you are confirming that you have read and understand the Town of Dedham regulations pertaining to Public and Semi Public Swimming Pools. You also agree to abide by these regulations set forth by the Town of Dedham Board of Health. **If your establishment is in non-compliance of these regulations you may have your permit suspended indefinitely.***

 Applicant/Owners Signature

 Date

 FID# or SS#