

**Town of Barre**  
Board of Health  
40 West Street Box 431  
Henry Woods Building  
Barre, Massachusetts 01005  
E-mail – [boardofhealth@townofbarre.com](mailto:boardofhealth@townofbarre.com)  
Phone 978-355-2504 x 117

Permit#
Check#
FEE \$ 150.00/pool

**Application for Swimming Pool**

**Permit** Fee: \$150.00 PER POOL

Application is hereby made for an annual/seasonal permit to operate a:

- PUBLIC
- SEMI-PUBLIC
- WADING
- SWIMMING
- SPECIAL PURPOSE (WHIRLPOOL)

Pool in the TOWN OF BARRE. This permit expires December 31.

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Method of Water Treatment: \_\_\_\_\_

Certified Pool Operator: \_\_\_\_\_

Number of Trained Lifeguards: \_\_\_\_\_

**(Attach Copies of CPR and Lifeguard Certification Cards)**

Maximum Bather Load: \_\_\_\_\_

I have received a copy of the 105CMR 435.00 Minimum Standards for Swimming Pools (State Sanitary Code Chapter V)

I understand that if the sample taken for bacteriological analysis do not pass according to standards outlined in 105 CMR 435.28 that the cost of the retest will be borne by the pool owner, paid directly to the Department of Environmental Protection **certified laboratory of the owner's choice.**

\_\_\_\_\_  
\*Signature of Applicant (Mandatory)

\*This license will not be issued unless application is complete