



Board of Health
39 South Street
Hinsdale, MA 01235
public.health@hinsdalema.gov
413-655-2311

Town of Hinsdale

APPLICATION FOR A PERMIT TO OPERATE A PUBLIC OR SEMI-PUBLIC SWIMMING POOL

Date: _____ Permit #: _____

Owner: _____

Certified Pool Operator (Attach Certification): _____

Location Address: _____

Telephone #: _____ Contact Person: _____

Type of Pool: _____ Size (L x W): _____

Area Ft²: Swimming: _____ Non-Swimming: _____ Diving: _____

Maximum Pool Capacity (persons): _____ Volume (Gal.): _____

Water Source: _____

Disposal of Backwash Water: _____

Trim & Finish (Pool Walls and Bottom): _____

Decking Type: _____ Minimum Width: _____

Filtration Type: _____ Total Filter Area Ft²: _____

Circulation Rate GPM: _____ Backwash Rate GPM: _____

Disinfection Method: _____

Signature of Applicant: _____ Date: _____

Application Approved by: _____ Date: _____

PAYMENT DUE WITH APPLICATION (\$50.00)