

**CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT
831 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139
617-349-6100**

Ranjit Singanayagam
Commissioner

APPLICATION FOR POOL OPERATING PERMIT

In accordance with 105 CMR 435.00

Application is hereby made for a permit to operate a public or semi-public swimming, wading or special purpose pool.

I. Location of Pool _____

II. Owner _____

Address _____

Phone _____

Email _____

III. Name and title of person in charge of pool during the swimming season

Name of CPO (Certified Pool Operator) _____

IV. Classification (circle one) Public Semi-Public

V. Type (circle one) Swimming Wading Whirlpool Hot Tub

VI. Hours of Operation

Monday - Friday _____ Saturday _____ Sunday _____

VII. Method of Circulation

Please list all chemicals used and stored on site for chlorination.

VIII. Number of lifeguards present during operating hours. _____

Name & Title of person preparing the application.

Date