

AVON  
BARKHAMSTED  
CANTON  
COLEBROOK  
EAST GRANBY  
FARMINGTON  
GRANBY  
HARTLAND  
NEW HARTFORD  
SIMSBURY



FARMINGTON VALLEY HEALTH DISTRICT

95 RIVER ROAD SUITE C CANTON, CONNECTICUT 06019 TELEPHONE (860) 352-2333 FAX (860) 352-2542

**FEE \$100.00**

## APPLICATION FOR SWIMMING POOL PERMIT

Name of Facility\_\_\_\_\_

Street Address\_\_\_\_\_Town/Zip\_\_\_\_\_

Phone Number at Pool\_\_\_\_\_

Expected Dates of Operation: Opening\_\_\_\_\_Closing\_\_\_\_\_

Owner/Manager or other to whom correspondence should be directed

Name\_\_\_\_\_Phone\_\_\_\_\_Fax\_\_\_\_\_

Mailing Address\_\_\_\_\_Town/Zip\_\_\_\_\_

Someone must be available at all times when the pool is open. This will mean that alternate pool operators should be designated. Please list all pool operators with addresses and phone numbers.

Pool Operator

Alternate #1

Name\_\_\_\_\_

Name\_\_\_\_\_

Home Address\_\_\_\_\_

Home Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone#\_\_\_\_\_

Phone#\_\_\_\_\_

Applicant's Signature\_\_\_\_\_Date\_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date Application Received\_\_\_\_\_

Date of Inspection\_\_\_\_\_

Date Permit Issued\_\_\_\_\_

Sanitarian Initials\_\_\_\_\_