



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

FEE \$125.00

APPLICATION FOR SWIMMING POOL PERMIT

Name of Facility_____

Street Address_____Town/Zip_____

Phone Number at Pool _____

Expected Dates of Operation: Opening _____Closing_____

Hours of Operation: _____

Owner/Manager or other to whom correspondence should be directed

Name_____Phone _____Fax _____

Email _____Cell phone _____

Mailing address _____Town/Zip _____

Someone must be available at all times when the pool is open. This will mean that alternate pool operators **MUST** be designated.

Pool Operator

Alternate #1

Name_____

Name_____

Cell#_____

Cell#_____

Home Phone#_____

Home Phone #_____

Email _____

Email _____

I attest that the above information is accurate and agree to abide by FVHD's Pool Regulations

Applicant's Signature_____Date _____

FOR OFFICIAL USE ONLY

Date Application Received_____

Date of Inspection_____

Date Permit Issued_____

Sanitarian Initials_____