

**WATERBURY HEALTH DEPARTMENT**

**Public Pool Permit Application**

Permit Status: New \_\_\_\_ Renewal \_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Manager/Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type(s) of Pool:

Manner of Disinfection:

Type of Filter:

**Application Fee: \$50.00**

**Permit Fee: \$200.00** Make checks or money order payable (No Cash): Waterbury Health Department

Application Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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**OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Payment Information: Check # \_\_\_\_\_ Money Order # \_\_\_\_\_

95 Scovill Street, Suite 100 – Waterbury, Ct. 06706 – (203)346-3903 – Fax (203) 346-2644

Rev. 05-25-07

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