



TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370

POOL PERMIT APPLICATION

Pool Operator:

Application to Operate a Swimming Pool in the Town of Rockland for 2018 which is required each year for consideration. Applications must be filed with the Board of Health office. Please Contact the Health Agent to schedule inspection seven (7) to ten (10) days before you are ready to open the pool.

Please provide the following:

- Completed Application
- Completed Workers' Compensation Affidavit
- Certificate of Workers Comp Liability (if applicable)
- Certificate of General Liability Insurance

Insurance rider must be addressed to:

The Town of Rockland BOH
242 Union St
Rockland, MA. 02370

- Check made Payable to the *Town of Rockland* in the appropriate amount \$75.00

It is important that the applicant signs and completes all sections, incomplete applications will be returned.

Thank you for your prompt attention, if you have any questions please contact the Board of Health Office directly at (781) 871-1874 ext. 1350.

Thank you,

Delshaune R. Flipp

Delshaune Flipp
Sr. Assistant

Telephone: (781) 871-1874 ext. 1152

Fax: 781-871-2644

dflipp@rockland-ma.gov



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Application to Operate a Swimming Pool

Corporation of Individual

for the operation of _____
(Public, Semi-Public, or Special Purpose Pool)

at _____
Address

Method of water treatment is _____.

Bathing load not to exceed _____ bathers.

Number of lifeguards required at all times the pool is open _____.

Name of Certified Pool Operator _____.

Phone number of Certified Pool Operator _____.

Contact Person: _____.

Email:

Contact Person Phone Number: _____.

FID# _____

Signature of Applicant _____ Date _____