

Permit Type: New Renewal

Today's Date: _____



**TOWN OF BROOKFIELD
HEALTH DEPARTMENT**

P.O. Box 5106 Brookfield, CT 06804
P: (203) 775-7315 F: (203) 740-7677

Application for Permit to Operate a Public Pool

Permit expires annually **April 30th**

Facility Name: _____

Address: _____

Owner's Name: _____

Owner's Mailing Address: _____

Phone #: _____ Fax: _____ Email: _____

On-Site Pool Operator (Manager): _____

Pool Operator's Phone #: _____

Type of Pool(s): Outdoor Indoor Wading Whirlpool Other: _____

Date of planned opening (seasonal pools only): _____

Days & Hours of Pool Operation: _____

Please call to schedule an inspection prior to the date of planned opening to the public.

The undersigned agrees to comply with *Section 19-13-B33b* of the *Connecticut Public Health Code* and the *Town of Brookfield Public Pool Ordinance*. The undersigned also agrees to permit entry by the Brookfield Health Department without prior notice. This permit may not be issued due to non-compliance or suspended at any time at the discretion of the Director of Health.

Signature of Owner

Date

Note: The application fee is **\$100 per pool**. A separate application shall be filed for each pool at the facility.
(A pool is defined as separate if it has its own re-circulation & water treatment system).

OFFICE USE ONLY

Permit #: _____

Permit Approved by & Date: _____