

## City of Revere

## **Office of Municipal Inspections**

American Legion Building 249R Broadway Revere, MA 02151

O: 781-485-8470 F: 781-286-8369

## Patrick M. Keefe, Jr. Mayor

## APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL 105 CMR 435.000 Minimum Standards for Swimming Pools (Please Print or Type)

	Fee:	Outdoor Swimmin	g Pool - \$100	Indoor Swimming	Pool - \$150	Hot Tub - \$100
Locatio	on of Pool:					
Owner:						
Name a	and Title of	Person in Charge of I	Pool During the S	wimming Season:		
		On site phone#:				
				Office phone:		
Certifie	ed Pool Ope	erator: Name/#			(attac	h copy of certificate)
Circle 7	Гуре:	Indoor	Outdoor	Hot Tub		
Hours o	of Operation	n: M-F	5	Sat	Sun	
# of Lif	feguards Pr	esent During Hours of	f Operation			
Physica	al Descripti	on: Length:	feet Width:	feet Slide_	Divi	ing Board
(To det deepest	ermine the t end and m	ning pool:_ swimming area: Mea easure the width of the e feet from the total so	sure the length of e pool. Multiply	f the pool from the five the length by the wide	ve foot depth r	
(To det	ermine the	ming Area_ non-swimming area: arking. Measure the v	Measure the leng	th of the pool from the		l up to the
Maxim	um Capacit	y:Calc	ulated Flow Rate	:(gpm) T	urn Over Rate	e:(Per He
	Circulation turnover rat	and Filtration: Briefly e, etc.)	describe the wat	er circulation and filt	ration system	(method of chlorinat
		certify under the pena equired by law. (MGI			ĭled all state/lo	ocal tax returns and p
Sign	nature of Person	on Completing Form				
Drin	nt name					Date