



EAST WINDSOR TOWNSHIP HEALTH DEPARTMENT

YEAR:

APPLICATION FOR PERMIT TO OPERATE A PUBLIC RECREATIONAL BATHING FACILITY

FEE: \$300.00

NAME OF POOL _____

ADDRESS _____ PHONE _____

HOURS OF OPERATION _____ ANTICIPATED DATE OF OPENING _____

OWNER: NAME & ADDRESS _____

MANAGING AGENT _____ PHONE _____

CERTIFIED POOL OPERATOR:

NAME _____ PHONE _____

ADDRESS _____

TYPE OF FACILITIES (LIST #s)

SWIMMING POOL(S) _____ WADING POOL(S) _____

HOT TUB/SPA _____ DIVING WELL _____

WATER ANALYZED BY _____

- **Provide proof of satisfactory microbiological / chemical water analysis prior to issuance of License.**

The undersigned agrees to operate the aforementioned recreational bathing facilities in accordance with the Revised General Ordinances, Township of East Windsor 18.7 Public Swimming Pool Code and NJAC 8:26-1 Et Seq. Public Recreational Bathing Code.

Signature of Owner _____

Date _____

PLEASE RETURN FORM TO:

**EAST WINDSOR TOWNSHIP HEALTH DEPARTMENT
16 LANNING BLVD
EAST WINDSOR NJ 08520**

----- FOR OFFICE USE ONLY -----

FEE \$ _____

Rating _____

Date Received _____

Date _____

License # _____

Inspector _____

Date Issued _____