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Commissioner of Public Health

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Quincy, MA 02171

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## Application for a Swimming/Wading/Special Purpose Pool Construction Permit

Application is hereby made by for a permit to:

| $\square$ construct (\$200.00) | or | $\square$ remodel (\$100.00) |  |
| :--- | :--- | :--- | :--- |
| $\square$ public | or | $\square$ semi-public |  |
| $\square$ swimming | or | $\square$ wading | or |
| $\square$ | $\square$ special purpose pool (spa) |  |  |
| $\square$ | indoor, year-round |  | or |
| $\square$ | $\square$ outdoor, seasonal |  |  |

Please remit applicable application fee (for each pool), with completed application and all detailed plans and specifications (in accordance with 105 CMR 435.000) to:

City of Quincy
Quincy Health Department
440 East Squantum Street
Quincy, MA 02171

## General Information

Location: $\qquad$
Pool Owner: (include name, address and phone): $\qquad$

Swimming Pool Contractor (include name, address and phone): $\qquad$
Length:___

Width: $\qquad$
Volume:
Source of Water:
Size: Swimming Area (Sq. Ft.):
Non-swimming Area (Sq. Ft.): $\qquad$
Diving Area (Sq. Ft.): $\qquad$ Maximum Pool Capacity (persons):
Trim and Finish: Pool walls \& bottom:
Depth markings: $\qquad$
Decking: Type \& Slope: $\qquad$ Minimum width: $\qquad$
Enclosure: Type:

## Mechanical Information

## Filters: Kind:

Total Filter area (Sq. Ft): $\qquad$ Circulation Rate (g.p.m.) $\qquad$
Backwash rate (g.p.m.): $\qquad$ Turn-over rate (in hours): $\qquad$
Skimmers, (as applicable) Number: $\qquad$ Weir length: $\qquad$
Chlorinator or Brominator: Type: $\qquad$ Capacity: $\qquad$
Chemical feeder Capacity (lbs.): $\qquad$ Quantity:
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Office Use Only:
Plan Review Date(s):
Inspector:
D Approved, Effective Date: $\qquad$ Permit issued:

D Disapproved, Comment:

You can scan the QR code using the camera app on any smart device in order to pay for your application.


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