

**TOWN OF AUBURN**

Board of Health  
104 Central Street  
Auburn, MA 01501  
Tel: (508) 832-7703 Fax: (508) 832-4219

**APPLICATION FOR PERMIT  
TO OPERATE A SWIMMING POOL, WADING POOL OR  
SPECIAL PURPOSE POOL**

Date: \_\_\_\_\_

TO THE AUBURN BOARD OF HEALTH:

In accordance with the provisions of 105 CMR 435.000 relating thereto, application for permit is hereby made by:

POOL NAME: \_\_\_\_\_

POOL ADDRESS: \_\_\_\_\_

POOL TELEPHONE: \_\_\_\_\_

BATHER LOAD: \_\_\_\_\_ POOL SURFACE AREA: \_\_\_\_\_

NAME OF CERTIFIED POOL OPERATOR: \_\_\_\_\_

NAME OF CERTIFIED TESTING LAB: \_\_\_\_\_

PLEASE INDICATE NUMBER & TYPE OF POOL:

SWIMMING POOL \_\_\_\_\_ \$ 150.00

WADING POOL \_\_\_\_\_ \$ 150.00

HOT TUB/SPA \_\_\_\_\_ \$ 75.00

HYDRO-THERAPY POOL \_\_\_\_\_ \$ 150.00

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

ADDRESS

The Massachusetts Enforcement and Protection Program, Statute 233, and the emergency regulations implemented thereunder by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, require the Town of Auburn to furnish certain information to the Department of Revenue.

Any person who is applying for a right or license to conduct a profession, trade or business, or for the renewal thereof, must certify under the penalties of perjury upon such application that he/she has complied with all the laws of the Commonwealth relative to taxes. Said license or renewal may not be issued without such certification.

"Pursuant to MGL, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law."

\_\_\_\_\_  
Social Security/Federal ID Number

\_\_\_\_\_  
Signature of applicant