

Town of Auburn, Massachusetts
Department of Development & Inspectional Services



Permit # _____

Application for Permit to Operate a Bathing Beach

Date of Application: _____

City/Town: _____

Beach Name: _____

Beach Operator Name: _____

Operator Address: _____

Operator Phone Number: _____

Emergency Contact Phone Number: _____

Operator email address: _____

Address/Location of Beach: _____

Water Body: _____

Dates of Operation of Beach: From _____ to _____

Name of Certified Testing Laboratory: _____

Sampling Frequency: WEEKLY / OTHER (circle one)

(If not weekly, please explain): _____

Are Field Data Forms completed in full for each sampling event? _____

(turn over for second page)

Do you report timely notification of any exceedances/closures to the Board of Health? _____

Do you agree to adhere to 105 CMR 445.000: Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)? _____

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: _____ **Date:** _____

For Board of Health Use Only

Does this beach meet the criteria set forth in 105 CMR 445.000? YES / NO (circle one)

APPROVED / DENIED (circle one) If Denied, Reason: _____

Board of Health Member/Agent: _____

Permit granted on _____ and expires on _____, pending submittal of a renewal application at least 30 days prior to expiration.

Permit Number: _____

Fee Collected/Paid: _____