



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.west-springfield.ma.us

Fee: \$ _____
(Per pool / spa):
Indoor - \$100.00
Outdoor - \$75.00

APPLICATION FOR LICENSE TO OPERATE A POOL OR SPA

Date: _____

Name of Establishment: _____

Address of Establishment: _____

Telephone No. of Establishment: _____

Name of Owner: _____

Address of Owner: _____

POOL or SPA Dimensions: _____ SIZE (gallons): _____

circle one
Disinfectant Used _____ Type of filters _____ # _____ Size _____

Cleaning Supervisor _____ Maintenance Supervisor _____

Cleaning frequency _____ Certified Pool Operator _____

Other chemicals typically used: _____

Days and times of operation: _____

Drain cover make and model: _____

POOL or SPA Dimensions: _____ SIZE (gallons): _____

Circle one
Disinfectant Used _____ Type of filters _____ # _____ Size _____

Cleaning Supervisor _____ Maintenance Supervisor _____

Cleaning frequency _____ Certified Pool Operator _____

Other chemicals typically used: _____

Days and times of operation: _____

Drain cover make and model: _____

For Health Department Use Only:

Permit(s) Approved by: _____ Disapproved Reason: _____