

GLASSBORO HEALTH/HOUSING INSPECTIONS

ONE SOUTH MAIN STREET

GLASSBORO, NJ 08028

856-881-9230 ext. 88140

APPLICATION FOR PERMIT TO OPERATE SWIMMING POOL, SPA or HOT TUB

Date_____

Name of Applicant_____

Address of Applicant_____

Site of Pool, Spa, or Hot Tub_____

Block_____ Lot_____

Name of Certified Pool Operator (CPO)_____

Date of CPO Certification_____

Name (s) of Lifeguards_____

NOTE: Someone must be present on the premises at all times that pool is open with current CPR, Standard First Aid and Lifeguarding/Lifesaving certifications.

Filtration Type_____

Size of Pool_____

Gallons (if known) _____

Laboratory conducting weekly analysis_____

Laboratory Phone Number_____

The undersigned agrees to operate the aforementioned pool or spa in accordance with the provisions of Chapter 9 of the NJ State Code, entitled Public Recreational Bathing, N.J.A.C. 8:26-1 et seq. and within the provisions of all applicable Borough Ordinances.

Signature of Applicant_____

Payment Amount Due \$100.00_____