



Fee: \$ 50.00

Check # _____

Permit # _____

VALID THRU December 31, 20____

TOWN OF OAKHAM – Board of Health

2 Coldbrook Road
Unit # 8
Oakham, MA 01068

Tel: 508-882-5549 Ext 320
Voicemail is only regularly checked during scheduled BOH meetings

Fax: 508-882-3060 – not monitored (except for during scheduled BOH meetings)

Email: *preferred communication*

BOH@Oakham-MA.gov

usually answered within 24-48 hours (weekdays)

Website: <http://oakham-ma.gov/boards/health.cfm>

Application & Permit to Operate A Swimming Pool

Operator/Owner: _____

Location of Pool Address: _____

Method of water treatment: _____

Bathing load not to exceed ____ **bathers**

I agree to comply with all regulations as stipulated in 105 CMR 435.00.

Applicant/Operator

Date

POST CONSPICUOUSLY IN POOL AREA

In accordance with the provisions of Chapter 111, Section 127A of the Massachusetts General Laws, and 105 CMR 435.000: Minimum Standards for Swimming Pools established by the Massachusetts Department of Public Health, this permit is hereby issued for the operation of pool.

Date issued: _____

Board of Health approval: _____
