

AVON
BARKHAMSTED
CANTON
COLEBROOK
EAST GRANBY
FARMINGTON
GRANBY
HARTLAND
NEW HARTFORD
SIMSBURY



FARMINGTON VALLEY HEALTH DISTRICT

50 AVON MEADOW LANE PO BOX 529 AVON, CONNECTICUT 06001 TELEPHONE (860) 676-1953 FAX (860) 676-2131

FEE \$100/pool

APPLICATION FOR SWIMMING POOL PERMIT(S)

Name of Facility _____

Street Address _____ Town/Zip _____

Number of Pools _____ Types of pools _____

NOTE: EACH POOL MUST HAVE ITS OWN PERMIT.

Dates of Operation: Opening _____ Closing _____

Owner/Manager or other to whom correspondence should be directed

Name _____ Phone _____

Mailing Address _____ Town _____ Zip _____

Email Address _____

Someone must be available at all times when the pool is open. This will mean that alternate pool operators should be designated. Please list all pool operators with addresses and phone numbers.

Pool Operator

Alternate #1

Name _____

Name _____

Home Address _____

Home Address _____

Phone# _____

Phone# _____

Cell Phone# _____

Cell Phone# _____

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

Date Application Received _____

Date of Inspection _____

Date Permit Issued _____

Sanitarian Initials _____