



City of Meriden, Connecticut
DEPARTMENT OF HEALTH & HUMAN SERVICES

Lea Crown, MPH
Director of Health and Human Services

Office use only	
Date:	_____
Amount:	_____
Employee Initial	_____

165 Miller Street
Meriden, CT 06450-4283
Telephone (203) 630-4226
Fax (203) 639-0039

PUBLIC POOL PERMIT APPLICATION

POOL NAME: _____

POOL ADDRESS: _____

MAILING ADDRESS: _____ City _____ State _____ Zip _____

(Address where this application should be sent, if different from Pool Address)

POOL OWNER OR MANAGER: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

NAME OF QUALIFIED SWIMMING POOL OPERATOR: _____

(Provide certificate if not on file)

Pool Information

Period of Operation: [] Seasonal [] Year Round

Dates Pool Open: From: _____ To _____

Hours of Operation: From: _____ To _____

POOL PERMIT FEES (I.E., CONDOS, BUSINESSES)	FEES FOR NON- PROFIT ORGANIZATIONS (I.E. CAMPS, YOUTH CLUBS)
<input type="checkbox"/> INDOOR POOL \$100	<input type="checkbox"/> INDOOR POOL \$50
<input type="checkbox"/> OUTDOOR POOL \$75	<input type="checkbox"/> OUTDOOR POOL \$50

Capacity: _____ Gallons Type of Water Supply: [] Public [] Well

Type of Filtration: (Sand, DE, etc.) _____

Type of Disinfection System: _____

Any Pool Equipment Changes (filters, pumps, etc.): _____

** Is Anti-Entrapment Main Drain Cover Installed? Yes _____ No _____

** Date Installed: _____ Manufacturer: _____

Printed Name: _____ Date: _____

Signature: _____ Title: _____