

# TOWNSHIP OF DENVILLE

## DEPARTMENT OF HEALTH

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### APPLICATION FOR PUBLIC RECREATIONAL BATHING FACILITIES

Type (If more than one type, use **separate** form for each) \_\_\_\_\_ Date \_\_\_\_\_

( ) Swimming Pool - \$100.00 Seasonal ( ) Bathing Beach - \$100.00 per year per beach  
\$300.00 Year Round

( ) Hot tub or Spa - \$150.00 per year ( ) Re-inspection Fee - \$100.00

Name of Facility \_\_\_\_\_

Location \_\_\_\_\_ Phone & Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Owner \_\_\_\_\_  
(Name of Corporation, Association, etc.)

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Opening and Closing Dates of Season: \_\_\_\_\_ / \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_ / \_\_\_\_\_

Name/Contact # of Designated Adult Supervisor: \_\_\_\_\_

Aquatic Vegetative Control Company (Lakes Only): \_\_\_\_\_

#### Swimming Pools / Spas Only:

Name & Phone # of CPO/TPO: \_\_\_\_\_

Year pool/spa was built: \_\_\_\_\_ # of main drains: \_\_\_\_\_ Separation distance: \_\_\_\_\_ ft

Have any drains been disabled: Yes / No Has the existing system ever been altered? Yes / No

#### FOR OFFICE USE ONLY

License # \_\_\_\_\_ Fee \_\_\_\_\_ Approved By \_\_\_\_\_ Date Approved \_\_\_\_\_

Date Issued \_\_\_\_\_ Issued By \_\_\_\_\_

**1 ST. MARY'S PLACE, DENVILLE, NJ 07834**