

Parsippany - Troy Hills



HEALTH DEPARTMENT
Carlo DiLizia
Health Officer

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APPLICATION TO OPERATE A PUBLIC BATHING BEACH

Name of Bathing Beach _____

Address (street, city, zip code) _____

Date of Opening _____ Telephone # _____

Owner of Bathing Beach _____ Telephone # _____

Address (street, city, zip code) _____

Adult Supervisor/Contact Person _____ Telephone # _____

Address (street, city, zip code) _____

Name(s) of Lifeguards(s):

The undersigned agrees to operate the aforementioned bathing beach in accordance with New Jersey State Sanitary Code Chapter IX – Public Recreational Bathing.

Date

Applicant Signature