

Parsippany - Troy Hills



1001 Parsippany Boulevard
Parsippany, New Jersey 07054
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phealth@parsippany.net

HEALTH DEPARTMENT
Carlo DiLizia
Health Officer

NO. _____

APPLICATION FOR LICENSE TO OPERATE A PUBLIC SWIMMING POOL

Name of Pool: _____

Address of Pool: _____

Telephone Number at Pool: _____

Check All That Apply: Pool _____ Spa _____ Wading Pool _____

Date of Opening: _____

Name of Owner: _____

Owner Address: _____

Owner Telephone Number: _____

Name of Certified Pool Operator: _____

Telephone Number of Certified Pool Operator: _____

Name of Adult Supervisor: _____

Telephone Number of Adult Supervisor: _____

The undersigned agrees to operate the aforementioned swimming pool in accordance with the provisions of the Ordinance entitled "AN ORDINANCE REGULATING THE DESIGN, CONSTRUCTION, OPERATION, AND MAINTENANCE OF THE PUBLIC SWIMMING POOLS INCLUDING ALL NECESSARY APPURTENANCES".

Date

Signature of Applicant

Fee: \$200.00 – DUE ON OR BEFORE MAY 31ST - Make checks payable to Township of Parsippany

Fee Paid: _____
Date