

Parsippany - Troy Hills



1001 Parsippany Boulevard
Parsippany, New Jersey 07054
Tel: (973) 263-7160 • Fax: (973) 299-1349

HEALTH DEPARTMENT
Carlo DiLizia
Health Officer

IMPORTANT NOTICE

BEFORE A LICENSE TO OPERATE A PUBLIC SWIMMING POOL/SPA/HOT TUB CAN BE ISSUED, A PRE-OPERATIONAL INSPECTION MUST BE MADE OF THE POOL. **THE FOLLOWING MUST BE SUBMITTED TO THE HEALTH DEPARTMENT AT LEAST 5 DAYS PRIOR TO THE OPENING DATE OF THE POOL:**

1. A copy of the annual electrical certificate issued by the Building Department.
2. A copy of the bonding and grounding certificate from an electrical contractor (renewed every 5 years).
3. A copy of lifeguard, first aid, and CPR certifications from approved organizations as required by the NJ State Department of Health and Senior Services.
4. A recent medical report from a doctor stating that the lifeguard is free of communicable disease.
5. A copy of certified pool operator certification from an organization approved by the NJ State Department of Health and Senior Services.
6. A copy of a satisfactory pool water quality test result from an approved N.J. state certified lab.
7. Completed application and fee (\$300.00) for the operation of a public swimming pool.

NO INSPECTION WILL BE CONSIDERED OR MADE UNTIL ALL OF THE ABOVE HAVE BEEN SUBMITTED TO THE HEALTH DEPARTMENT. AFTER SUBMITTING THE ABOVE, PLEASE CONTACT THE HEALTH DEPARTMENT TO SCHEDULE AN APPOINTMENT FOR YOUR PRE-OPERATIONAL INSPECTION.

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Date of Issue: _____ License # _____

APPLICATION FOR LICENSE TO OPERATE A PUBLIC SWIMMING POOL

License Fee: \$300.00 – DUE ON OR BEFORE MAY 31ST - Make checks payable to Township of Parsippany

Name of Pool: _____

Address of Pool: _____

Telephone Number at Pool: _____ Opening Date _____

Indicate Quantity of Each: Pool _____ Wading Pool _____ Spa _____

Indicate Volume (gal.) of Each: _____

Method of Disinfection: _____

Name of Owner: _____

Owner Address: _____

Owner Telephone Number: _____

Name of Certified Pool Operator: _____

Certified Pool Operator Telephone Number: _____

Name of Adult Supervisor: _____

Adult Supervisor Telephone Number: _____

Laboratory Name: _____ Lab Phone: _____

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