

Parsippany - Troy Hills



HEALTH DEPARTMENT
Carlo DiLizia, M.A., HO
Health Officer

1130 Knoll Road
Parsippany, New Jersey 07054
Tel: (973) 263-7160 Fax: (973) 299-1349

Date of Issue: _____ License# _____

APPLICATION FOR LICENSE TO OPERATE A PUBLIC SWIMMING POOL

License Fee: \$400 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: _____

Telephone Number of Certified Pool Operator: _____

Name of Adult Supervisor: _____

Telephone Number of Adult Supervisor: _____

Laboratory Name: _____ Lab Phone: _____

The undersigned agrees to operate the aforementioned swimming pool in accordance with New Jersey State Sanitary Code Chapter IX – Public Recreational Bathing and Local Ordinances.

Date

Signature of Applicant