



City of Meriden, Connecticut

DEPARTMENT OF HEALTH & HUMAN SERVICES

Lea Crown, MPH
Director of Health and Human Services

165 Miller Street
Meriden, CT 06450-4283
Telephone (203) 630-4226
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POOL APPLICATION

POOL NAME: _____

POOL ADDRESS: _____ City _____ State _____ Zip _____

POOL OWNER OR AGENT: _____ EMAIL: _____

MAILING ADDRESS: _____ City _____ State _____ Zip _____

BUSINESS PHONE: _____ ON SITE PHONE: _____

Name of Qualified Swimming Pool Operator: _____
(Provide certificate if not on file)

Dates Pool Open: From: _____ To _____

Pool Permit fees (i.e., condos, businesses)	FEES FOR NON- PROFIT ORGANIZATIONS (i.e. camps, youth clubs)
<input type="checkbox"/> INDOOR POOL \$100	<input type="checkbox"/> INDOOR POOL \$50
<input type="checkbox"/> OUTDOOR POOL \$75	<input type="checkbox"/> OUTDOOR POOL \$50

A reinspection fee of \$25 will be charged to the permit holder for each additional inspection required as a result of non-compliance. If on a regular inspection or in response to a complaint unhealthy conditions are found, termination or suspension of the permit may be ordered. The permit is valid from date issued to April 30th of the following year.

Section 19-13-B33 (a) of the Public Health Code of the State of Connecticut concerned with construction and operation requirements for public swimming pools and bathing places consisting of artificial pools with a controlled water supply states, in part, *that no person shall construct an artificial pool or shall substantially alter or reconstruct any such pool except after the plans therefore have been approved by the State Commissioner of Health.*

Printed Name: _____ Date: _____

Signature: _____ Title: _____

Complete and Return with Payment
to:
The Department of Health and
Human Services
(Environmental Health)
165 Miller St., Meriden, CT 06450
203-630-4226 (phone)

Office Use Only
Date _____
Amount _____
Receipt # _____