



Kevin A. Elak, MPH, REHS/RS
Director of Health

City of Middletown

Department of Health
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OFFICE USE ONLY

Date Received: _____

Date Paid: _____

Cash: _____

Check #: _____

Fee \$100

Public Pool Permit Application

Name of Facility: _____

Address: _____

Phone Number: _____

Mailing Address: _____

Is this business operating under an LLC? Yes No

If yes, please provide the full name of the LLC: _____

Emergency Contact: _____

Phone Number: _____ **Email Address:** _____

Type: Pool Spa/Whirlpool Wading Splash Pad Other (Please Specify) _____

Location: Indoor Outdoor

Water Supply: City Water Private Well

Person Responsible for Operation of Pool: _____

Phone Number: _____

Period of Operation: Seasonal Year Round

Timeframe: _____
(i.e. Memorial Day Weekend to Labor Day Weekend or Specific Months)

By signing below, you attest that the information you provided above is true and accurate to the best of your knowledge.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

*****Please Do Not Write Below This Area*****

License Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec **District Assigned:** 1 2 3

Reviewed by: _____ **Date:** _____