

CITY OF MERIDEN  
DIVISION OF HEALTH

**PUBLIC POOL PERMIT APPLICATION**

POOL NAME: \_\_\_\_\_

POOL ADDRESS: \_\_\_\_\_

POOL OWNER OR AGENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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 30<sup>th</sup> 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:  
Meriden Health Division  
Environmental Health Section  
165 Miller St., Meriden, CT 06450  
203-630-4226 (phone)  
203-639-0039 (fax)

Office Use Only  
Date \_\_\_\_\_  
Amount \_\_\_\_\_  
Receipt # \_\_\_\_\_