



# Town of Mashpee

Board of Health  
16 Great Neck Road North  
Mashpee, Massachusetts 02649  
(508) 539-1426

## THE COMMONWEALTH OF MASSACHUSETTS

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Board of Health

### Application for a Permit to Operate a Hot Tub/Spa

Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated according to the minimum standards for swimming pools set forth in Title 2 of the Commonwealth of Massachusetts.

Date: \_\_\_\_\_

Owner \_\_\_\_\_ Tel. No. \_\_\_\_\_

Location: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_

Type of Pool: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Volume: \_\_\_\_\_

Sketch: \_\_\_\_\_ (A detailed plan must be filed with the original application)

Size: Swimming Area \_\_\_\_\_ Non-swimming Area \_\_\_\_\_ Diving Area \_\_\_\_\_

Source of Water: \_\_\_\_\_

Disposal of Sewage and Waste Water: \_\_\_\_\_

Type of Finish: \_\_\_\_\_ Scum Gutter: \_\_\_\_\_

Deck: Type and Width \_\_\_\_\_ Skimmers: Weir Length \_\_\_\_\_

Treatment System: (Kind of filters, etc.) \_\_\_\_\_

Disinfection Method: (Method, type, capacity, etc.) \_\_\_\_\_

Chemical Treatment: (Feeders, capacity, quantity, etc) \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_