



2 JAKE GARZIO DRIVE
EWING, NEW JERSEY 08618

2016 APPLICATION FOR PERMIT TO OPERATE A RECREATIONAL BATHING FACILITY

NAME OF POOL: _____

LOCATION OF POOL: _____

NAME OF OWNER : _____

MAILING ADDRESS OF OWNER: _____

PHONE # OF OWNER: _____

PHONE # OF FACILITY: _____

NAME & EMAIL ADDRESS OF CERTIFIED POOL OPERATOR: _____

NAME & EMAIL ADDRESS OF POOL MANAGER: _____

OPENING DATE : _____

CLOSING DATE : _____

HOURS OF OPERATION: _____

ESTIMATED DAILY ATTENDANCE: _____

LIFEGUARD INFORMATION :

*****PLEASE ATTACH COPIES OF ALL LIFEGUARD CERTIFICATIONS**

The undersigned applicant agrees to operate the aforementioned swimming pool in accordance with the provisions of an ordinance entitled " An Ordinance Establishing a code regulating and controlling the location, construction, alteration, and operation of swimming pools. The issuance of licenses and permits to locate and construct, alter or operate swimming pools and declaring and defining certain swimming pools as nuisances and fixing penalties for violations" adopted by the Board of Health, Township of Ewing on May 10, 2009 and Chapter IX of the New Jersey State Sanitary code as revised September 6 ,2009.

Applicant Signature

Date

LICENSE #: _____

DATE ISSUED: _____

FEES COLLECTED: _____

FEES: 1) Annual \$350 2) Seasonal \$250

HEALTH OFFICER