

TOWN OF EDGARTOWN OFFICE OF BOARD OF HEALTH

P.O. Box 1596 Edgartown, Massachusetts 02539 health@edgartown-ma.gov (508) 627-6120

To All Pool Permit Applicants/Owners/Contractors:

As part of the application process, please complete the form and submit a check in the amount of \$100.00 payable to the Town of Edgartown. Please be aware that a plot plan of the property detailing the location of the pool, the required fence and the septic system (if applicable) must accompany the application. A fence detail is also necessary and if the pool is to be accessed directly from a habitable space (dwelling or pool house with finished space) all doors MUST be alarmed as required by 780 CMR 421.

See copy of attached Building Department Code for fence/enclosure requirements administered by the Building Department.

Sincerely, The Board of Health



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Permit #	

Residential Pool Application

Approval of the BOH is hereby requested to construct an **in-ground** pool to the following Specifications with an **attached plot plan** and a **cross section of the enclosure.**

Address of Property	Map	Lot	_		
Owner's Name	Owner's Mailin	g Address			
Pool Contractor					
Contractor's Email Address	eneral Construction Info		<u>-</u>		
Pool Type					
Width	Volume (in gallor	ns)			
Water Source: On Site Well Town Wa	iter Max Depth				
Swimming Area (sq. ft)	Non-swimming area (sq. ft)				
Diving Area (sq. ft)	Maximum pool capacity (persons)				
Scum Gutter	Trim & Finish				
Decking Type	Maximum width (deck)				
	Mechanical Informa	tion			
Filter System Type	Total Filter Area ((sq. ft)			
Circulation Rate (gpm)	Skimmer (Weir Ty	pe)	# of Skimmers		
Backwash Rate	Turnover Rate (hou	urs)			
Chlorinator Type	Capacity				
Chemical Feeder	Capacity (lbs)		Quantity		
Signature (Owner/Contractor/Applicant)	Date				
BOH Approval	Date				

A copy of the approved permit is to be submitted to the building department as part of the build permit process. This is not a permit to construct a separate permit MUST be approved by the Builder Inspector