



TOWN OF DOVER
BOARD OF HEALTH
5 Springdale Avenue
P.O. Box 250
Dover, MA 02030

Office: 508-785-0032, Ext. 232
Fax: 508-785-8114
Email: boh@doverma.gov

APPLICATION FOR PERMIT TO CONSTRUCT A SWIMMING POOL OR HOT TUB

PERMIT IS VALID FOR 1 YEAR FROM DATE OF APPROVAL

ALL FEES ARE NON-REFUNDABLE

Fee: \$425.00

Date: _____

Permit No: _____

I hereby petition the Dover Board of Health for a permit to construct a ____ Swimming Pool or ____ Hot Tub in a manner which meets the requirements of the Board of Health and other Departments as set forth in the Regulations and subject to such conditions and requirements stated below:

PLEASE COMPLETE THE FOLLOWING CLEARLY

OWNER'S NAME (PRINTED): _____

PROPERTY ADDRESS: _____

OWNER'S TELEPHONE NO: _____

INSTALLATION COMPANY'S NAME (PRINTED): _____

INSTALLER'S NAME (PRINTED): _____

INSTALLER'S TELEPHONE NO: _____

I AGREE TO: OBTAIN ALL TOWN PERMITS; HAVE POOL BUILT TO MEET CHAPTER 224 POOL REGULATIONS AND COMMENTS NOTED ON SUBMITTED DRAWINGS; CALL FOR PRECONSTRUCTION MEETING AND INSPECTIONS AS DETERMINED NECESSARY; SUBMIT A RECORD DRAWING AS DETERMINED NECESSARY; NOT USE THE POOL UNTIL ALL WORK HAS BEEN COMPLETED IN ACCORDANCE WITH PERMIT REQUIREMENTS AND BUILDING PERMIT HAS BEEN CERTIFIED COMPLETE.

OWNER SIGNATURE: _____

INSTALLER SIGNATURE: _____

Permit granted on _____ (DATE) subject to the following further requirements and conditions:



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Signed: _____
Board of Health Director