

Town of Marshfield
Board of Health
870 Moraine Street
Marshfield, Ma. 02050
781-834-5558 fax 781-837-6047

PERMIT # _____

APPLICATION FOR SPECIFICATION AND PLAN APPROVALS FOR RESIDENTIAL
SWIMMING/WADING POOL BY THE MARSHFIELD BOARD OF HEALTH

APPROVAL OF THE BOARD OF HEALTH IS HEREBY REQUESTED TO (CONSTRUCT)
(REMODEL) A (SWIMMING) (WADING) POOL TO THE FOLLOWING SPECIFICATIONS
AND ATTACHED PLAN.

Location:

Owner:

Contractor:

GENERAL INFORMATION

Type: _____ Length: _____ Depth: _____
Width: _____ Volume: _____
Source of H2O: _____ Plans submitted for approval: _____

SIZE: Swimming Area (Sq.Ft.): _____
Non-Swimming Area (Sq.Ft.): _____
Diving Area (Sq.Ft.): _____
Maximum Pool Capacity (persons): _____

Scum Gutter: _____ Trim & Finish: _____
Decking: _____ Minimum Width: _____

MECHANICAL INFORMATION: Filters: (kind) _____
Total filter area Sq. Ft.: _____
Circulation rate g.p.m.: _____
Backwash rate g.p.m.: _____
Turn-over rate in hours: _____

Skimmers: Weir length: _____ Number: _____
Chlorinator: Type: _____ Capacity: _____
Chemical feeder: _____ Capacity lbs. _____ Quantity _____

Remarks: _____
Signature of Applicant _____
Address _____
Telephone _____
Date _____

Specifications and attached plan do meet requirements of the Board of Health.

DATE _____ BOARD OF HEALTH _____

Copy of this approval to be submitted to the Building Inspector by applicant.

THIS IS NOT A CONSTRUCTION PERMIT