



**Manchester Health Department**  
1528 Elm St.  
Manchester, NH 03101  
Tel: (603) 624-6466 / Fax: (603) 628-6004

**SWIMMING POOL, BATHING PLACE OR SPA PERMIT APPLICATION**

Facility Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please fill out the following information:  
Management mailing / billing address if different from the above facility location*

**Owner:** (Individual, partnership, Inc. Co. LLC, etc...):

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**OPERATOR:** (Individual):

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Other Responsible Party:** Describe: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Facility Classification:** (Please check each appropriate box)

(A)  Outdoor Pool ..... \$ 175.00

(B)  Indoor Pool ..... \$ 175.00

(C)  Hot Tub / Spa up to 2 units .....\$ 125.00 each

Each additional hot tub/spa unit ..... \$ 100.00

Number of additional units: \_\_\_\_\_

(D)  Natural Bathing Place ..... \$ 175.00

Late fee (applications received after May 10, 2011) ..... \$ 25.00

(E)  Government-owned facility .....No fee

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LICENSE WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETELY FILLED OUT**