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