Town of Darien

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APPLICATION FOR A PUBLIC POOL PERMIT

Number of Pools: _____ Fee: $350

PLEASE NOTE THAT <u>EACH POOL</u> MUST HAVE A PERMIT……

Pool Name_____ Pool Phone_____

Pool Address _____

Number Of Pools_____Type of Pool(s)_____ _____

Dates of operation: Opening _____ Closing: _____

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Owner / Manager or other to whom correspondence should be directed:

Name_____ Phone _____

Mailing Address_____ Town_____ Zip_____

Email address: _____

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NOTE: A Pool Operator is responsible for the daily operation of the pool, must have attended a training class in pool operation or demonstrate knowledge of pool operation by passing an exam given by the Darien Health Department.

Pool Operator _____

Operator Address _____ Town_____ Zip_____

Phone_____ Cell Phone# _____

Assistant Operator _____Cell Phone # _____

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Applicant Signature _____ Date_____

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<u>FOR OFFICE USE ONLY</u> Date Received_____ Fee Paid_____

Date of Inspection _____ Date Permit Issued _____ Inspected by:_____