



East Shore District Health Department 688 East Main St. Branford, CT 06405
Phone: (203) 481-4233 Fax: (203) 483-6894 www.esdhd.org

APPLICATION FOR SWIMMING POOL LICENSURE

Application is hereby made for a Swimming Pool License in accordance with the regulations of the East Shore District Health Department.

TOWN: _____ *Opening Date: _____

Fee Paid: _____ Months of Operation: _____

Days of Operation: _____ Hours of Operation: _____

NAME OF POOL: _____ PHONE: _____

LOCATION: _____

OWNER(S): _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

POOL OPERATOR(S): _____ PHONE: _____

_____ PHONE: _____

I certify that I am the owner of the swimming pool or the owner's legal representative.

PRINT NAME: _____

SIGNED: _____

DATE: _____

****Please indicate opening date of your pool. All fees must be received and inspections conducted by ESDHD prior to opening date in order to receive a renewal license.***

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