



EAST SHORE DISTRICT HEALTH DEPARTMENT

Bringing good health to the towns of Branford, East Haven and North Branford

PUBLIC POOL PERMIT APPLICATION

Name of Pool: _____

Address: _____

Town: _____ Business Phone: _____

Owner Name: _____

Email: _____ Phone: _____

Mailing Address: _____

Town: _____ State/Zip: _____ Phone: _____

Emergency Contact/Phone Number: _____

Management Company (if applicable):

Name: _____

Email: _____ Phone: _____

Pool Information:

Pool Location: Indoor outdoor Number of Pools: _____

Type of Pool: Swimming Wading Whirlpool/Spa Splash Pad Other: _____

Year Installed: _____ Any Changes from last year? _____

Pool size(dimensions): _____ Total Gallons: _____

Pool drain covers VGBA compliant? Yes No

List type of drain covers/year installed: _____

Water supply: Public Water Well

Sewage Disposal: Public Sewer Septic (Include last pump out date if on septic: _____)

Opening Date: _____ Months of Operation: _____

Days/Hours of Operation: _____

List all Certified Pool Operators:

Name: _____ Phone: _____

Name: _____ Phone: _____

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

Print Name: _____

Signature: _____ Date: _____

-----Office Use Only-----

Sanitarian Assigned: _____

Fee: \$ _____ Date Received: _____ Paid by: Cash Credit/Debit Check# _____ Receipt #: _____ Initial: _____

Notes:

688 EAST MAIN STREET • ORCHARD RESEARCH PARK • BRANFORD, CT 06405

TELEPHONE: (203) 481-4233 FAX: (203) 483-6894

www.esdhd.org



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Drain Cover Records for Public Pools - Virginia Graeme Baker Act

Date: _____

Pool Name: _____

Pool Location (Address):

Drain Cover Information:

- Drain Cover Manufacturer: _____
- Model: _____
- Date covers were installed: _____
- Expiration date: _____

Number of Drain Covers:

- Total number of main drains: _____

**Depending on the number, size and location of the main drains, an automatic pump shut off system, sometimes called a safety vacuum release system (SVRS) must be installed. The table below helps determine if this shut-off system is required.

Number of Main Drains	Automatic Pump Shut-Off system Required
One (1) Main Drain	Yes – if blockable No – if unblockable (larger than 18" x 23")
Two (2) or More Drains – drains are more than 3 feet apart	No
Two (2) or More Drains – drains less than 3 feet apart	Yes – if blockable No – if unblockable (larger than 18' x 23')

If an Automatic Pump Shut-Off system is required, complete the information below:

- Make/ Model of Automatic Shut Off System:

- Year Installed: _____
- Plan for testing system:
