Old Bridge Township
Health Department
1 Old Bridge Plaza
Old Bridge, NJ 08857
732-721-5600 x6215

APPLICATION FOR A PERMIT TO OPERATE A RECREATIONAL BATHING FACILITY

NAME OF POOL/SPA _____

LOCATION/ADDRESS _____

NUMBER & TYPE OF POOL(S)_____

HOURS OF OPERATION _____

ESTIMATED DAILY ATTENDANCE _____

DURATION OF SEASON _____

OWNER'S NAME _____

OWNERS ADDRESS _____

OWNER'S PHONE NUMBER _____

TRAINED POOL OPERATOR _____

TPO'S ADDRESS _____

TPO'S PHONE NUMBER _____

NOTE: Please attach a copy of certification.

LIFEGUARDS: Please attach copies of CPR, First Aid & Lifeguard Certifications.

_____

_____

_____

_____

THE UNDERSIGNED AGREES TO OPERATE THE AFOREMENTIONED PUBLIC RECREATIONAL BATHING FACILITY IN ACCORDANCE WITH PROVISIONS OF THE NEW JERSEY STATE SANITARY CODE, CHAPTER 9 PUBLIC RECREATIONAL BATHING, N.J.A.C. 8:26-1 ET SEQ, AND CHAPTER 438 OF THE REVISED GENERAL ORDINANCE OF THE TOWNSHIP OF OLD BRIDGE, AMENDED NOVEMBER 21, 1993.

OWNER SIGNATURE_____

DATE _____

OLD BRIDGE TOWNSHIP
HEALTH DEPARTMENT

1 Old Bridge Plaza
Old Bridge, NJ 08857
732-721-5600 x 6215

Recreational Bathing Fees

The license fees for seasonal operations shall be:

1.	Regulation Swimming Pools	$100 per pool
2.	Wading Pools	$ 50 per pool
3.	Spa/ Hot Tubs	$ 50 per unit

The fees for annual operations shall be:

1.	Regulation Swimming Pools	$200 per pool
2.	Wading Pool	$ 50 per pool
3.	Spa/Hot Tubs	$ 50 per unit

Please make checks payable to:

OLD BRIDGE HEALTH DEPARTMENT