



**TOWN OF DIGHTON
BOARD OF HEALTH**

**979 Somerset Avenue · Dighton, MA 02715
(508) 659-4159 FAX (508) 669-5667**

YEARLY PUBLIC/SEMI-PUBLIC POOL PERMIT

NO: _____

FEE: _____

LOCATION: _____

OWNER: _____

TYPE: _____

WIDTH: _____ LENGTH: _____

VOLUME: _____ SOURCE OF WATER: _____

SIZE: SWIMMING AREA (SQ. FT.) _____

NON SWIMMING AREA (SQ. FT.) _____

DIVING AREA (SQ. FT.) _____

MAXIMUM POOL CAPACITY (PERSONS) _____

NUMBER OF TRAINED LIFEGUARDS: _____

TYPE OF WATER TREATMENT: _____

REMARKS: _____

(SIGNATURE OF APPLICANT)

(DATE)