



TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-5888

APPLICATION TO OPERATE A SWIMMING POOL OR SPA

SITE NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CHECK ONE:

Pool

Spa

NAME OF CERTIFIED POOL OPERATOR: _____

CPO NUMBER AND EXPIRATION DATE: _____

POOL/SPA SPECIFICATIONS:

1. Surface Area: _____

3. Pool Volume: _____

2. Turnover Rate: _____

4. Flow Rate: _____

OWNER'S INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ EMAIL ADDRESS: _____

SIGANTURE OF APPLICANT: _____ DATE: _____

***NOTE:** Your application will not be processed until payment is received.*

Return completed application, documentation & **\$200 check** (payable to "**Township of Berkeley Heights**") to:

**Board of Health
Township of Berkeley Heights
29 Park Avenue
Berkeley Heights, NJ 07922**

FOR OFFICIAL USE:

HEALTH DEPARTMENT:

I Recommend: () Approval () Disapproval

Payment Received _____ Amount \$ _____

Check # _____

Health Officer