

Township of Fairfield Health Department

*Please make checks payable to Township of West Caldwell. Mail to:

Township of West Caldwell
Health Department
30 Clinton Road
West Caldwell, NJ 07006

APPLICATION FOR PUBLIC RECREATIONAL BATHING FACILITY

PERMIT _____	To Locate and Construct	\$ 25.00
_____	To Alter	\$ 15.00
_____	Issuance or Renewal to Operate Annually	\$ 150.00

NAME OF BATHING FACILITY _____

LOCATION _____

PHONE _____

FACILITY (Public, Club, Camp, Etc,) _____

TYPE (Pool, Spa) _____

PERSON IN CHARGE _____

HOURS OF OPERATION _____ AM TO _____ PM

DAILY ATTENDANCE _____

OWNER AND ADDRESS _____

LIFEGUARDS _____

CERTIFIED POOL OPERATOR _____

DISPOSAL FACILITIES

Waste Water _____ Sanitary Sewer _____ Solid Waste _____

I hereby understand that if I am granted a license to operate in the Township of Fairfield, I will agree to abide by all the rules and regulations established by the Board of Health or its authorized representatives and the rules and regulations of the New Jersey Department of Health State Sanitary Code, Chapter IX.

Signed _____

Title _____

License expires April 1st of the Calendar year.
Renewal is required prior to April 1st of each year.

Office Use Only

License No. _____

Inspected _____ Approved _____