



CLARK TOWNSHIP HEALTH DEPARTMENT

Tel (732) 388-3600 Ext. 3006*

Email: dderosa@ourclark.com



Public Health
Prevent. Promote. Protect.

RECREATIONAL BATHING PERMIT APPLICATION

*The following information must be submitted prior to opening.

NEW APPLICATION

RENEWAL

NAME OF POOL: _____

Date: _____

LOCATION: _____

License #: _____
(For Official Use)

MAILING ADDRESS: _____

Check # : _____

PHONE: _____

CERTIFIED POOL OPERATOR: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

DIRECTOR / PERSON-IN-CHARGE: _____

PHONE: _____

HOURS OF OPERATION: _____

DURATION OF SEASON: _____

BOND / GROUND CERTIFICATION DATE: _____ (Please supply copy)

ANNUAL ELECTRICAL INSPECTION: _____ (Please supply copy)

NAME OF HOUSING ASSOCIATION: _____ (If Applicable)

WATER TESTING LABORATORY: _____

Copies of CPR (or letter from instructor), Standard First Aid, and Advanced Lifesaving Certificates or equivalent for each lifeguard must be attached with this application.

Note: Pre-opening inspections must be scheduled with the Health Department prior to pool opening. Please contact this Department at (732) 388-3600 Ext. 3006 to schedule an appointment.

Authorized Signature: _____

Title: _____

