



Somerset County Department of Health
 27 Warren Street, Somerville, NJ 08876
 P.O. Box 3000
 Phone (908) 231-7155 | Fax (908) 704-8042



Recreational Bathing Permit Application

The following information must be submitted prior to opening.

New Application

Renewal

Name of Facility: _____

Date: _____

Location: _____

Mailing Address: _____

Phone #: _____

Trained Pool Operator: _____

Address: _____

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: _____

Water Quality Laboratory: _____

<p><i>For Official Use Only</i></p> <p>License #: _____</p> <p>Fee Submitted: _____</p>

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

Note: Pre-opening inspections must be scheduled with the Somerset County Dept. of Health prior to pool opening. Please contact this Department at (908) 231-7155 to schedule an appointment.

Authorized Signature: _____

Title: _____