



www.greenwichct.org

Town of Greenwich  
Department of Health  
Division of Environmental Services  
(203) 622 - 7838

Fee: \$ \_\_\_\_\_  
Make check payable to:  
Town of Greenwich

PUBLIC SWIMMING POOL APPLICATION FORM

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

(If different from above)

Pool Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Pool Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Pool Type(circle): Swimming Wading Whirlpool Other \_\_\_\_\_

**\*Has this pool has been inspected by the Building Dept. for Compliance with VGBA? Yes / No**  
**If Yes, Date Inspected** \_\_\_\_\_

STAFF IN CHARGE OF POOL:

	Name	Position	Hours/Days at Pool
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

LIFEGUARDS:

	Name	Qualification (Red Cross Cert. Or Equivalent)
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

Maximum number of bathers present at peak load: \_\_\_\_\_

**\* A license to operate will not be issued by the Greenwich Health Department unless you have received and passed inspection from the Building Dept for compliance with the Virginia Graeme Baker Pool and Spa Safety Act.**

Name of Applicant \_\_\_\_\_  
(Please Print)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application and fee to:

Greenwich Department of Health  
Division of Environmental Services  
101 Field Point Road  
Greenwich, CT 06830