



OFFICE OF
BOARD OF HEALTH

5 SPRINGDALE AVENUE
P.O. BOX 250
DOVER, MASSACHUSETTS 02030

APPLICATION FOR PERMIT TO CONSTRUCT A *HOT TUB*

Permit no. _____
Fee: _____
Date: _____

I Hereby petition the Dover Board of Health for a permit to construct a swimming pool in a manner which meets the requirements of the Board of Health and other Departments as set forth in the Regulations and subject to such conditions and requirements as are stated below

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____ - _____

CONTRACTOR: _____

TELEPHONE: (____) _____ - _____

I AGREE TO SUBMIT A CERTIFICATE WHEN THE INSTALLATION HAD BEEN COMPLETED IN ACCORDANCE WITH SECTION 5, SO THAT A FINAL INSPECTION MAY BE MADE BY MADE BY THE AGENT FOR FOR THE BOARD OF HEALTH.

OWNER SIGNATURE: _____

INSTALLER SIGNATURE: _____

Permit granted: _____ subject to the following further requirements and conditions:
Date

Comments: _____

Signed: _____
Agent for the Board of Health