



**TOWNSHIP OF LAWRENCE  
DEPARTMENT OF HEALTH**  
2207 Lawrence Road  
Lawrence Township, New Jersey 08648  
Telephone (609) 844-7089



**APPLICATION FOR SWIMMING POOL LICENSE**

NAME OF POOL \_\_\_\_\_

LOCATION OR ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE (Public,Club,Etc.) \_\_\_\_\_ PERSON IN CHARGE \_\_\_\_\_

HOURS OPEN \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. ESTIMATED DAILY ATTENDANCE \_\_\_\_\_

DURATION OF SEASON \_\_\_\_\_

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

OPERATOR \_\_\_\_\_

LIFEGUARD \_\_\_\_\_

The undersigned agrees to operate the aforementioned swimming pool in accordance with the provisions of the "New Jersey State Sanitary Code, Chapter IX, Public Recreational Bathing, N.J.A.C. 8:26-1 et seq."

\_\_\_\_\_  
Signature of Owner Date

**FEE SCHEDULE**

- 1. Issuance of a permit to locate and construct a public recreational bathing facility..... \$325.00 \_\_\_\_\_
- 2. Issuance of a permit to alter a public recreational bathing facility..... 325.00 \_\_\_\_\_
- 3. Issuance or renewal of a license to operate a swimming pool
  - (a) Pool operating year round..... 525.00 \_\_\_\_\_
  - (b) Pool operating seasonally (four months or less)..... 325.00 \_\_\_\_\_

**FOR OFFICE USE ONLY**

**HEALTH DEPARTMENT APPROVAL**

Date Inspected \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

If Denied, REASONS \_\_\_\_\_

If Approved, CONDITIONS \_\_\_\_\_

Health Officer \_\_\_\_\_ Date \_\_\_\_\_

**ZONING OFFICER APPROVAL (New Pools Only)**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

If Denied, REASONS \_\_\_\_\_

If Approved, CONDITIONS \_\_\_\_\_

Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

**DISPOSITION OF APPLICATION**

Permit Number \_\_\_\_\_

Comments:

Date Issued \_\_\_\_\_

Fee Collected \_\_\_\_\_