



West Haven Health Department  
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[www.whhd.org](http://www.whhd.org)

**2021-2022 PUBLIC SWIMMING POOL RENEWAL APPLICATION**

Name of Facility: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Address where pool permit should be  
mailed: \_\_\_\_\_

\_\_\_\_\_

Indoor Pool  Outdoor Pool  Whirlpool/Spa

Owner/Manager of Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pool Operator Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Certified Pool Operator: Y/N

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Date Paid: \_\_\_\_\_

Amount Paid \_\_\_\_\_

