



West Windsor Township

271 Clarksville Road, West Windsor, NJ 08550 * Tel. (609) 936-8400 * Fax (609) 799-2136

DEPARTMENT OF HUMAN SERVICES Division of Health

PUBLIC RECREATIONAL BATHING PLACE LICENSE APPLICATION

Name of Facility:	Onsite Phone Number:
Location:	
Name of Owner(s), Corporation, or Registered Agent:	
Address:	
Phone:	Email:
Pool Management Company Name:	
Address:	
Phone:	Emergency Phone:
<input type="checkbox"/> If Pool Management Company N/A please check box	
Designated Adult Supervisor:	
Phone:	
Name of trained operator (CPO):	
Pool Capacity:	Pool Surface Area:
Dates of Pool Operation:	To:
Hours of Pool Operation:	To:
Bonding and Grounding Certification:	Electrical Inspection:
Testing Lab:	Phone:
The undersigned owner, representative, or manager agrees to operate this facility in compliance with the standards set forth in the New Jersey Sanitary Code, Chapter IX, Public Recreational Bathing, N.J.A.C. 8:26. The undersigned also certifies that this facility has not been altered from its approved design without the required review and approval of the Health Department and/or the Construction Code Official. Changes to the pool structure, the recirculation equipment or flow of water, and modifications of the disinfection system are alterations which require plan review and approval from the local health authority.	
<input type="checkbox"/> The owner or representative has reviewed and received a copy of the aquatic supervision plan.	

Name (Print):	Signature:	Date:
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FEE SCHEDULES: Please enclose the license fee made payable to the Township of West Windsor:

\$300.00 – 6 Six month license – Seasonal

\$500.00 – 12 Twelve month license – April 1st – March 31st

FOR OFFICE USE ONLY:

LICENSE # ISSUED: _____ PAID \$ _____ CHECK #: _____ CASH: _____