

**TOWN OF MIDDLEBOROUGH  
Middleboro Health Department  
20 Centre Street  
508-946-2408**

**APPLICATION FOR A RESIDENTIAL SWIMMING OR WADING POOL PERMIT**

**NO:** \_\_\_\_\_

**FEE: \$20.00**

**DATE:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **TEL. NO:** \_\_\_\_\_

**TYPE OF POOL: ABOVE GROUND:** \_\_\_\_\_ **IN GROUND:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT** \_\_\_\_\_

\_\_\_\_\_

**Please provide the Health Department with appropriate setbacks to septic and location of well.**

\_\_\_\_\_  
**Home Owner's Signature**

