



Stephanie Mendelsohn
Health Director

W. Allen Lee
Health Officer

The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

AARON T. WATSON, BUSINESS ADMINISTRATOR

Public Recreational Bathing Facility Permit Application

Name of Establishment: _____
Address of Establishment: _____ Block: _____ Lot: _____
City: _____ State: _____ Zip: _____
Phone: (____)____-____ Fax: (____)____-____ Email: _____

Name of Owner: _____
Address of Owner: _____
City: _____ State: _____ Zip: _____
Phone: (____)____ Fax: (____)____ Email: _____

Name of Contact: _____ Title: _____
Phone: (____)____-____ Fax: (____)____-____ Email: _____

Name of Pool Management Company: _____
Address of Pool Management Company: _____
Phone Number: (____)____-____ Email: _____

Licensed Certified Pool Operator - First Name: _____ Last Name: _____
Phone Number (____)____-____ Email: _____

Opening Date: ____/____/____ Closing Date: ____/____/____
Hours of Operation: _____

Annual Pool License ----- \$350.00
(Annual licenses run from June 1st to May 31st)

Seasonal Pool License ----- \$250.00

*Please be advised that for all bathing facilities MUST also have and approved annual Electrical Inspection from the Ewing Township Code Enforcement Office prior to scheduling an inspection with the Health Department.

Satisfactory Electrical Inspection Received by Health Department

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____
Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____
Fee Collected: _____ Cash: _____ Check: _____ Credit Card: _____
Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)