



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

APPLICATION FOR A RESIDENTIAL SWIMMING OR WADING POOL PERMIT

NO: _____

FEE: \$25.00

DATE: _____

OWNER: _____ **TEL. NO:** _____

TYPE OF POOL: **ABOVE GROUND:** _____ **IN GROUND:** _____

LOCATION: _____

MAILING ADDRESS _____

EMAIL _____

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

Home Owner's Signature