Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 Fax (203) 452-1050

SWIMMING POOL LICENSE APPLICATION

Swimming Pool License Renewal Fees: *Licensing Period May 1st – April 30th*

Seasonal: $150 ☐ Yearly: $300 ☐

Name of Pool: _____

Street Address: _____

Facility Phone Number: _____

Type of Pool(s): Indoor ☐ Outdoor ☐ Spa ☐ Wading ☐
Disinfectant Type: Chlorine ☐ Bromine ☐
Filter Type: Sand ☐ D.E. ☐ Cartridge ☐
Pool Capacity (gallons): _____ Max Bather Load: _____ Backwash Frequency: _____

Owner: _____

Street Address of Owner: _____

Phone: _____ Email: _____

Certified Pool Operator: _____

Phone: _____ Email: _____

Have you complied with the Virginia Graeme Baker Pool & Spa Safety Act? ☐

Have you submitted paperwork to THD verifying compliance? ☐

The undersigned agrees to comply with Section 19-13-B33b of the Connecticut Public Health Code. The undersigned also agrees to permit entry by the Trumbull Health Department to his/her facility without prior notice. This permit may be suspended at any time by the Director of Health.

X Signature of Applicant: _____ Date: _____

Office Use Only

Date Received: _____ Fee Paid: $150 Receipt #: _____ Cash/CC/Check #: _____

Date Issued: _____ $300