Township of Mahwah

HEALTH DEPARTMENT
PO BOX 733
MAHWAH, NJ 07430
PHONE: (201) 529-5757, ext 2
FAX: (201) 529-8013

FOR USE BY HEALTH DEPARTMENT ONLY

License #2026-_____

Receipt # _____

Date Mailed/delivered _____

Approved by:_____

Date: _____

PUBLIC RECREATIONAL BATHING LICENSES

2026 SEASONAL

FEE: $200 per water body or feature

NUMBER OF: _____**INDOOR POOLS** _____**OUTDOOR POOLS** _____**SPLASH PADS**

(not to include spas or hot tubs which are licensed separately)

NAME OF FACILITY: _____

STREET ADDRESS:_____

PHONE # ( )_____ FAX #( ) _____

FACILITY IS OWNED BY: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S: PHONE NUMBER:_____ EMAIL: _____

MANAGEMENT COMPANY: _____

MANAGEMENT MAILING ADDRESS: _____

PROPERTY MANAGER'S INFORMATION:

NAME: _____

CELL PHONE: _____ OFFICE PHONE:_____

EMAIL: _____

DATES OF OPERATION: _____ THROUGH _____

DAILY HOURS (MON THRU FRI): _____ WEEKENDS/HOLIDAYS: _____

***A BACTERIOLOGICALLY SATISFACTORY LAB REPORT FOR EACH POOL MUST BE RECEIVED BY THE HEALTH DEPARTMENT PRIOR TO OPENING.**

NJDEP CERTIFIED LABORATORY YOU WILL USE FOR WEEKLY WATER ANALYSIS:

LAB NAME: _____ PHONE NUMBER: _____

Continued on other side →

CPO/TPO, LIFEGUARD, STANDARD FIRST AID AND CPR CREDENTIALS:

CREDENTIALS MUST BE CURRENT AND ISSUED BY AN APPROVED ORGANIZATION LISTED IN NJAC 8:26.

CREDENTIALS FOR LIFEGUARDS, FIRST AID AND CPR MAY BE SUBMITTED SEPARATELY FROM THIS APPLICATION BUT FACILITY WILL NOT BE PERMITTED TO OPEN UNTIL RECEIVED. (UNLESS EXEMPTION GRANTED PER N.J.A.C. 8:26-5.1)

NAME OF CPO/TPO: _____

CERTIFICATION NUMBER# _____ EXPIRATION DATE: _____

EMAIL ADDRESS:_____

CELL PHONE:_____

*Attach credentials of **all** CPO's that may cover the facility and provide cell phone and email contact information for same.

MUST SUBMIT COMPLETED AND SIGNED CHECKLIST (APPENDIX E, NJAC8:26)

Checklist can be found here: www.nj.gov/health/ceohs/documents/phss/recbathing.pdf

The undersigned:

1) Is the owner or authorized agent of the owner.

2) Agrees to operate the Bathing Facility in accordance with the provisions of NJ State Sanitary Code Chapter IX, N.J.A.C. 8:24 Public Recreational Bathing and Township of Mahwah Board of Health Code, Chapter 13.

3) Understands that the issuance of a license does not constitute permission to violate any Township Zoning Ordinance, or any other Township Ordinance, or Rule or Regulation of any Township Board.

_____ _____

Signature **Date**

_____

Print Name)

NOTE: All facilities also require an annual electrical inspection. Contact the Mahwah Electrical Inspector's office at 201-529-5757, ext. 288.