



Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300

FAX: (908) 526-7027

www.branchburg.nj.us

OFFICE OF THE HEALTH OFFICER

POOL LICENSE APPLICATION

Please Type or Print:

Name of Establishment: _____

Address of Establishment: _____

Trained Pool Operator: _____

Main Phone: _____ Emergency Phone: _____

Cell Phone: _____ Fax Number: _____

Email Address: _____

Pool Square Footage: _____

Hours of Operation: _____ Opening Date: _____

Name(s) of Certified Lifeguard(s)*: _____

(Attach additional sheets if necessary) _____

***A copy of the Lifeguard Training, Standard First Aid and Cardiopulmonary Resuscitation (CPR) Certifications must be attached for each Certified Lifeguard.**

Water Analyzed Weekly By: _____

Address of Lab: _____

Lab Phone: _____ Lab Fax: _____

THE UNDERSIGNED AGREES TO OPERATE THE AFOREMENTIONED SWIMMING POOL ESTABLISHMENT IN ACCORDANCE WITH THE PROVISIONS OF N.J.A.C. 8:26 AND BRANCHBURG BOARD OF HEALTH CHAPTER 5.

Owner's Name: _____

Home Address of Owner: _____

Owner Phone: _____ Owner Cell Phone: _____

Owner Signature: _____ Date: _____

Pool License Fee: \$250.00 Cash or Check

Make Checks Payable to: Branchburg Township

Mail Payment and Completed Application to:

Township of Branchburg, Health Department, 34 Kenbury Road, Branchburg, NJ 08876

Phone: 908-526-1300 x183 // Fax: 908-526-7027

health@branchburg.nj.us

For Office Use Only

Date Payment Received _____ Amount _____ Check# _____

License# _____