

CHECK# AND AMT _____

APPLICATION PERMIT# _____

DATE: _____

TOWN OF WAYLAND

BOARD OF HEALTH

APPLICATION FOR PERMIT TO INSTALL POOLS

ESTABLISHMENT NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

EMAIL ADDRESS: _____

TELEPHONE#: _____

Name and title of applicant: _____

Name of owner if different: _____

Address of pool installation requiring this permit: _____

Pursuant to the MGL CH.62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

SSN or FEIN

Signature of Individual or Corp Name

Corporate Officer Signature

References (name, address, telephone#)

