



TOWN OF COHASSET

COMMONWEALTH OF MASSACHUSETTS

BUILDING DEPARTMENT
41 Highland Avenue
Cohasset, MA 02025
TELEPHONE (781) 383-4112
FAX (781) 383-1561

Date _____

Permit No. _____

Fee \$ _____

Building Commissioner
Zoning Officer
Robert Egan

APPLICATION FOR SWIMMING POOL PERMIT

This permit expires six (6) months after approval date

Owner's Name: _____

Owner's Address: _____ Phone: _____

Location of Property for pool installation: _____

Name of Pool Contractor: _____

Contractor Address: _____ Phone: _____

Size of Pool: _____ In Ground Above Ground Depth: _____

Design: Rectangular Circular Oval Other _____ Capacity- # gal: _____

Material: _____ Portable Permanent

Present Land Use: Private Public Club

Distance from Street Line: _____ Side Line: _____ Rear Lot Line: _____

Filtering System: NO YES If yes, type: _____

Required Fence Height: _____ Fence type: _____ Enclose Pool Enclose Property?

Estimated Cost: \$ _____

Remarks: _____

In addition to the foregoing statement, this swimming pool will be constructed or used in accordance with the Board of Health Regulations.

Applicant's signature

Date send to Assessor: _____