

Middletown Township / Health Department  
27 N. Pennell Road  
Media, PA 19063  
Phone: 610-565-2700  
Fax: 610-566-3640  
www.Middletowndelcopa.gov



**FOR OFFICIAL USE ONLY**

Payment Received \_\_\_\_\_

Expires \_\_\_\_\_

License# \_\_\_\_\_

**Application for a License to Operate a Public Bathing Place  
Swimming Pools or Wading Pools - Licensing Fee \$150 (per Complex)**

Name of Bathing Place: \_\_\_\_\_

Location of Bathing Place: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_  
(Individual, Firm, Association, etc.)

Address for Correspondence: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Manager's Telephone #: \_\_\_\_\_  
(Please Print)

Emergency Telephone Number (if not manager's): \_\_\_\_\_

*Please complete the following in its entirety. Failure to do so will result in a delay in the issuance of your license.*

Type of Pool: Recirculation: \_\_\_\_\_ Flow Through: \_\_\_\_\_ Fill and Draw: \_\_\_\_\_

Type of Filters: Gravity: \_\_\_\_\_ Pressure-sand: \_\_\_\_\_ Diatomaceous: \_\_\_\_\_  
No. No. No.

Sand Media Last Examined: Date: \_\_\_\_\_ Condition: \_\_\_\_\_

Capacity of Pool: Gallons: \_\_\_\_\_ Size of Pool: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Strainer System Last Examined: Date: \_\_\_\_\_ Condition: \_\_\_\_\_

Capacity of Recirculation Pump (G.P.M.): \_\_\_\_\_

Hair Catcher Last Examined: Date: \_\_\_\_\_ Condition: \_\_\_\_\_

Electrical Installation Last Inspected (Date): \_\_\_\_\_

Source of Bathing Water Supply: \_\_\_\_\_

Drinking Water Supply: \_\_\_\_\_

Bather Load: \_\_\_\_\_ Personnel No. of Attendants: \_\_\_\_\_

No. of Certified Lifeguards: \_\_\_\_\_ No. with CPR Certification: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature & Title

*The above application is made in accordance with the provisions of the Code of the Township of Middletown and amendments thereto, Ordinance No. 500, Chapter XI, Article 2 (Public Bathing Places).*