



BURLINGTON COUNTY HEALTH DEPARTMENT

15 Pioneer Blvd Westampton, NJ 08060
Phone (609) 265-5516 | Fax (609) 265-5541



Public Health
Prevent. Promote. Protect.

GENERAL CONTRACTOR/OWNER INFORMATION:

AUTHORIZED AGENT/ OWNER NAME:	
ADDRESS:	
PHONE:	EMAIL:

FACILITY INFORMATION:

NAME:	
ADDRESS:	
PHONE:	EMAIL:

STATUS:

<input type="checkbox"/>	NEW FACILITY (\$100 fee)
<input type="checkbox"/>	ALTERATION (\$75 fee)

TYPE OF ESTABLISHMENT: (check all that apply)

<input type="checkbox"/>	POOL
<input type="checkbox"/>	WADING POOL
<input type="checkbox"/>	HOT TUB/SPA
<input type="checkbox"/>	SPLASH PAD

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:

1. LOCAL MUA APPROVALS				
2. ZONING/ PLANNING/ CONSTRUCTION APPROVALS				
3. SIGNED AND SEALED PLANS, CALCULATIONS (flow rates, turnover, etc.)				
4. EQUIPMENT SPECIFICATIONS (filters, disinfecting equipment, pumps, etc.)				
5. METHOD OF BACKWASH DISPOSAL (if applicable- approval from MUA or NJDEP)				
6. SEWAGE DISPOSAL SYSTEM:	<input type="checkbox"/>	PUBLIC	<input type="checkbox"/>	SEPTIC SYSTEM
7. POTABLE WATER SYSTEM:	<input type="checkbox"/>	PUBLIC	<input type="checkbox"/>	WELL WATER
8. PROPOSED FOOD SERVICE:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

