

**TOWNSHIP OF ROBBINSVILLE  
DEPARTMENT OF HEALTH**

66 SHARON RD  
ROBBINSVILLE, NJ 08691  
Phone 609-259-3600 ext. 1132 | Email: creyes@robbinsville.net  
[www.robbinsville.net](http://www.robbinsville.net)

**PUBLIC RECREATIONAL BATHING PLACE  
LICENSE APPLICATION**

Name of Facility \_\_\_\_\_ Onsite Phone Number \_\_\_\_\_

Location \_\_\_\_\_

Name of Owner(s), Corporation, or Registered Agent \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Pool Management Company Name \_\_\_\_\_ (If N/A please check box)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Name of trained operator (CPO) \_\_\_\_\_ Contact \_\_\_\_\_

Dates of Pool Operation \_\_\_\_\_ to \_\_\_\_\_

Hours of Pool Operation \_\_\_\_\_ to \_\_\_\_\_

Bonding and Grounding "Certification" \_\_\_\_\_ Electrical Inspection \_\_\_\_\_  
Date Date

Testing Lab: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned owner, representative, or manager agrees to operate this facility in compliance with the standards set forth in the New Jersey Sanitary Code, Chapter IX, Public Recreational Bathing, N.J.A.C. 8:26. The undersigned also certifies that this facility has not been altered from its approved design without the required review and approval of the Health Department and/or the Construction Code Official. Changes to the pool structure, the recirculation equipment or flow of water, and modifications of the disinfection system are alterations which require plan review and approval from the local health authority.

\_\_\_\_\_  
Name (Print) Signature of Owner Date

**FEE SCHEDULES: Please enclose the license fee made payable to the *Township of Robbinsville*:**

\$300.00 – 6 Month License – Seasonal

\$500.00 – 12 Month License – Year-Round

**FOR OFFICE USE ONLY:**

LICENSE # ISSUED: \_\_\_\_\_ PAID \$ \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_