



Bathing Beach Permit Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
J-2**

Name of Bathing Beach _____

Location or Address _____

Phone Number at Beach _____

Type (Public or Semi-Public) _____

Person in Charge _____

Hours Open _____ a.m. to _____ p.m.

Estimated Average Daily Attendance _____

Duration of Season _____

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>
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Owner (s): Summer _____

Off Season _____

Supervisor: Summer _____

Off Season _____

Operator: Summer _____

Off Season _____

Lifeguards: Summer _____

Summer _____

Summer _____

Owner

Date

Application Approved by _____ Date _____

Application Disapproved for Following Reasons: _____

Date _____

Permit No. _____ Issued _____