



# Bathing Beach Permit Application

Acton Board of Health  
Health Dept. Phone: 978-929-6632

[www.acton-ma.gov](http://www.acton-ma.gov)  
[health@acton-ma.gov](mailto: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>
Owner (s): _____	Summer _____	_____
	Off Season _____	_____
Supervisor: _____	Summer _____	_____
	Off Season _____	_____
Operator: _____	Summer _____	_____
	Off Season _____	_____
Lifeguards: _____	Summer _____	_____
	Summer _____	_____
	_____	_____
	Owner	Date

Application Approved by \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved for Following Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Permit No. \_\_\_\_\_ Issued \_\_\_\_\_