



Borough of Madison
Hartley Dodge Memorial
50 Kings Road
Madison, NJ 07940

Health Department
o: 973-593-3079
E: health@rosenet.org
w: rosenet.org

Important Information for Public Recreational Bathing Facility Applicants

Application/Inspection Checklist

Return all items to ensure your application is processed promptly.

- \$100.00 Application Fee
Checks should be made payable to the Borough of Madison
- TPO Certificate or Pool Director Certificate
- Five (5) Year Bonding & Grounding Certificate
- Passed Annual Electrical Inspection Sticker
- Passed Annual Water Quality Test Results
- Aquatics Facility Plan (either hard copy or emailed to health@rosenet.org)



Public Health
Prevent. Promote. Protect.
Madison Health
Department



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Application for License – Public Recreational Bathing Facility

Establishment

Name: _____ Phone: _____

Address: _____

Owner/Manager

Name: _____ Phone: _____

Address: _____

Email: _____

Certified Pool Operator

Name: _____

Certificate #: _____

Phone: _____ Emergency Phone: _____

Email: _____

Type of Facility (Indicate #)

- | | |
|--|---|
| <input type="checkbox"/> Seasonal Pool | <input type="checkbox"/> Communal Pool |
| <input type="checkbox"/> Year-Round Pool | <input type="checkbox"/> Municipal Facility |
| <input type="checkbox"/> Hotel Facility | <input type="checkbox"/> Wading Pool |
| <input type="checkbox"/> Condo Facility | |

Operating Hours: _____

NJDEP Lab: _____

Signature of Applicant _____ Date _____

Official Use Only

License # _____ License Fee _____

Date of Issue _____ Expiration Date _____

Signature of Health Officer _____ Date _____



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