

SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

## Town of Truro

DATE RECEIVED

## Application for Permit to Operate a Bathing Beach

PART I - TO BE FILLED IN BY APPLICANT	
Applicant: (check one)    Image: New    Image: Renewal    Date:	
Beach Name:	
Beach Operator Name:	
Operator Address:	
Phone Number: Email:	
Address/Location of Beach:	
Water Body:  Cape Cod Bay  Atlantic Ocean  Pamet Harbor  Other	
Dates of Operation of Beach: From to	
Signature of Applicant	
PART II – ***FOR BOARD OF HEALTH USE ONLY***	
Are field data forms completed in full for each sampling event?	
Has the Board of Health received timely notification of any exceedances/closures?  □ Yes □ No	
Sampling Frequency: <ul> <li>Weekly</li> <li>Monthly:</li> <li>Other:</li>       &lt;</ul>	
Does this beach meet the criteria set forth in 105 CMR 445.000?    Yes  No	
APPROVED DENIED If denied, provide explanation:	
Permit granted onand expires on, per submittal of a renewal application at least 30 days prior to expiration.	nding
Authorized Signature:Date:	
Permit Number:	