Dennis Health Department

685 Route 134, Town Office Annex
South Dennis, MA 02660
Phone: 508-760-6158
Fax: 508-394-6289

Date Received_____

Staff Initials_____

Permit Valid for Two (2) Years

Application for Permit to Operate a Semi-Public Bathing Beach

Date: _____

Please Print

Organization/Establishment Name:	Street Address:
Primary Contact Name:	
Primary Contact Address (Mailing Address for Sample Results)	
Daytime Phone No.	E-mail Address:
Beach Name:	Beach Address/Location:
Name of Water Body (check one): ☐ Ocean Side ☐ Cape Cod Bay ☐ Fresh Water (Name):	
Dates of Operation of Beach – (these dates MUST appear on your permanent beach sign): From: to:	
Sample Season: ☐ Wk of 6/10 – Wk of 8/26 (Standard 13-sample season; sampling begins wk of 6/3th, ends wk of 8/26th) Other: ☐ Wk of 6/17 – Wk of 8/26 (12 samples) ☐ Wk of 6/24 – Wk of 8/26 (11 samples) ☐ Other: Wk of _____ - Wk of _____ (# Samples?) _____ ☐ Wk of 7/1 - Wk of 8/26 (10 samples) ☐ Wk of 7/8 – Wk of 8/26 (9 samples)	
Pass Required for Entrance to Beach?	Parking Available (if not, where should sampler park):

Signature of Operator:_____ Date:_____

For Office Use:

Does this beach meet the criteria set forth in 105 CMR 445.000? Yes ☐ No ☐

PERMIT APPROVED BY: APPROVED: ☐ DENIED: ☐

Signature:_____ PERMIT #_____

Date:_____ EXPIRATION DATE: _____

If permit Denied, state reason: _____

Created on 3/29/2013 4:39 PM