

**SWIMMING POOL
ANNUAL PERMIT APPLICATION**

Please make check payable to: Borough of New Providence

Fee: \$289.00

A late fee of \$53.00 per month will be charged if not paid by January 31, 2026

Please print clearly and complete both pages in its entirety.

Name of Establishment: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Phone: _____ Email: _____

Owner Name or Corporation: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Type of Facility: Public _____ Private _____

Hours of Operation: _____ AM TO _____ PM

Duration of Season: From (dates) _____ TO _____

I certify that this facility will be operated in accordance with the Provisions of the Sanitary Standards of the Code of the Borough of New Providence and the Code of the State of New Jersey.

Applicant's Signature

Date

List of Life Guards needs to handed in two weeks prior to opening .
*All Permits expire December 31st of the licensing year

2026