



# TOWNSHIP of HOPEWELL

## MERCER COUNTY

### DEPARTMENT OF HEALTH

*Also Serving Hopewell Borough & Pennington Borough*

201 Washington Crossing Pennington Road  
Titusville, New Jersey 08560-1410

Phone: (609) 737-0120 / Fax: (609) 737-6836



**Public Health**  
Prevent. Promote. Protect.

## 2024 Renewal Application for Public Recreational Bathing Facility License

### POOL INFORMATION (please PRINT clearly)

Name of Facility		Phone	
Location		Hours of Operation	
Mailing address			

### HOMEOWNER'S ASSOCIATION INFORMATION (please PRINT clearly)

Name of Facility		Phone	
Location			
Mailing address			

### PROPERTY MANAGEMENT COMPANY INFORMATION (if applicable)

Name of Facility		Phone	
Location			
Mailing address			

### POOL MANAGEMENT COMPANY INFORMATION (if applicable)

Name of Facility		Phone	
Location			
Mailing address			

Please complete information above as needed to update our records.

### LICENSE FEE: \$300.00 – Make checks payable to "Hopewell Township"

I/We hereby make application for a license to operate a Public Recreational Bathing Facility and agree to conduct the business in compliance with the Laws of the State of New Jersey and the Ordinances of the Township of Hopewell, in the County of Mercer, and regulations of the Board of Health of said Township. I hereby certify all information provided is truthful, under penalty of law.

Signature of Owner/Agent

Date

Print Name of Owner/Agent

**\*OFFICE USE ONLY\***

Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_ License #: \_\_\_\_\_



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**Public Health**  
Prevent. Promote. Protect.

**Public Recreational Bathing Program**  
**Declaration of Specially Exempt Facility Status**

Name of Facility:	
Location:	
Ownership:	
Address:	
Name of Person Completing this form:	
Role in the Organization in relation to ownership of the facility:	
Address:	
Phone number:	
Certification:	The undersigned certifies that the information on this form is accurate and that they are the authorized by the ownership to file this document.
Date:	Signature:

**Notification of Intent to Operate the Public Recreational Bathing Facility as a "Specially Exempt Facility"**

In accordance with N.J.A.C. 8:26, Chapter IX, Public Recreational Bathing, Subchapter 5, the owner of the above noted facility intends to operate as a specially exempt facility. \_\_\_\_\_ Initials

**The aquatic supervision plan for the facility includes provisions for the following condition:**

- ☐ No lifeguards or first aid personnel
- ☐ Limited coverage by lifeguards and first aid personnel. Explain below:


Describe the characteristics of the property that qualify it to be considered a specially exempt facility:
