



Town of Dedham
 Board of Health
 450 Washington St
 Dedham, MA 02026
 (781)- 751-9220
 www.dedham-ma.gov



Public Health
 Prevent. Promote. Protect.

Application for a Permit to Operate a Sauna/Steam Room

Establishment Location:

Name of Facility: _____

Address: _____

_____ Dedham, MA 02026

Applicant:

Name: _____

Email: _____

Phone #: _____

Emergency #: _____

Owner:

Name: _____

Address: _____

Email: _____

Phone #: _____

Emergency #: _____

Sauna/Steam Room Details:

Number of Saunas: _____

Type of Saunas: _____

Number of Steam Rooms: _____

Type of Steam Rooms: _____

Max. Sauna Temperature(s): _____

Max. Steam Room Temperature(s): _____

Sanitation procedures (including frequency, types of cleaners/sanitizers, and copy of cleaning log):

Fees:

Type of Fee	Fee Amount
Seasonal semi/public sauna/steam room	\$175
Year-round semi/public sauna/steam room	\$250

 Applicant/Owner Signature

 Date

 FID# or SS#