

## Instructions for the Public Pool and Spa Annual Operating Permit Application

**FACILITY'S NAME, ADDRESS AND PHONE:** Address is the street address where the pool or spa is located.

**FACILITY MAILING ADDRESS:** Many pools do not have a mailbox. This will be the address for all correspondence. For community pools, this is the community association or HOA address. For apartments, this is usually the property management address. The mailing address should NOT be the address of the pool management company.

**POOL MANAGEMENT COMPANY:** If a pool management company is responsible for the day-to-day operation of the pool, the company's information goes here. If a pool management company does not run the pool, provide the name and address of the community contact person.

**DAYS AND HOURS OF OPERATION:** These are normal operating hours for the pool.

**HOURS WHILE SCHOOL IS IN SESSION:** If the pool has reduced hours at the beginning and end of summer, enter them here.

**HOURS OUTSIDE OF NORMAL OPERATING HOURS:** If there is a scheduled activity such as swim team, lessons or exercise class outside the normal hours of operation, indicate the activity and schedule here.

**VOLUMES:** This information may be found in the pool filter room, on an engraved plastic wall chart.

**WATER SUPPLY/SEWAGE DISPOSAL:** Check the appropriate boxes.

**TYPE OF FILTER:** Indicate the type of filtration used on each individual pool and spa.

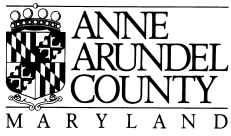
**PERMIT FEES:** A fee is charged for each individual pool and spa. For example, a hotel with an indoor pool and spa operating year round would pay  $\$725 \times 2 = \$1,450$ . The exception to this is for a wading pool operated at the same site as a main pool. There is no additional fee for the wading pool.

**MISCELLANEOUS INFORMATION:** Operating permits are good for one year, and expire annually on April 30. Permits are not transferable from one owner to another. Payment may be made in cash or check, by mail or in person at the Department of Health. Make checks payable to **Controller, Anne Arundel County**. Payment must be made for seasonal pools before the annual pre-opening inspection.

**Mail the completed application and payment to:**

Sanitary Engineering Program  
Division of Environmental Health  
Anne Arundel County Department of Health  
3 Harry S. Truman Parkway  
Annapolis, MD 21401

**For more information, call the Sanitary Engineering Program at 410-222-7217.**



**Public Pool and Spa Annual Operating Permit Application**

Division of Environmental Health  
Anne Arundel County Department of Health  
3 Harry S. Truman Parkway  
Annapolis, MD 21401  
(410) 222-7217

All information must be complete.

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FACILITY MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

POOL MANAGEMENT COMPANY **OR** CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DAYS AND HOURS OF OPERATION: \_\_\_\_\_

HOURS WHILE SCHOOL IS IN SESSION: \_\_\_\_\_

HOURS OUTSIDE OF NORMAL OPERATING HOURS (Swim Team, Swim Lessons, Rentals...)

\_\_\_\_\_

FACILITY DESCRIPTION:  INDOOR  OUTDOOR

VOLUMES: MAIN POOL: \_\_\_\_\_ gal      TYPE OF FILTER: INDICATE SAND OR CARTRIDGE  
WADING POOL: \_\_\_\_\_ gal      MAIN POOL: \_\_\_\_\_ SPA: \_\_\_\_\_  
SPA: \_\_\_\_\_ gal      WADING: \_\_\_\_\_ OTHER: \_\_\_\_\_

WATER SUPPLY:  PUBLIC  PRIVATE (WELL)      SEWAGE DISPOSAL:  PUBLIC  PRIVATE (SEPTIC)

OWNER'S/AGENT'S NAME (PRINT)      OWNER'S/AGENT'S SIGNATURE      DATE

PERMIT FEES: OPERATING SIX MONTHS OR MORE: \$725  
OPERATING LESS THAN SIX MONTHS: \$350

A FEE IS DUE FOR EACH POOL AND SPA, EXCEPT FOR WADING POOLS.

AMOUNT ENCLOSED: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**