



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 and some hotels, 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 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.

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. There is no fee for splash pads.

ADA AFFIDAVIT and WORKERS' COMPENSATION: These are separate pages. They must be completed and submitted with the permit every year.

MISCELLANEOUS INFORMATION: Operating permits are good for one year and expire annually on April 30. Permits are not transferable from one owner to another. Mail the permit application with a check for the appropriate fee to the address below. Payment may be made in cash, check or credit card 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
Bureau 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

Bureau 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 NAME: _____

FACILITY MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

POOL MANAGEMENT COMPANY **OR** CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

EMAIL: _____

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 WADING POOL: _____ gal SPA: _____ gal

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 AND SPLASH PADS.

AMOUNT ENCLOSED: _____

DO NOT WRITE BELOW THIS LINE

AMERICANS WITH DISABILITIES ACT (ADA)
 AFFIDAVIT FOR MARYLAND PUBLIC POOLS
 AND SPAS

Anne Arundel County Department of Health
 Environmental Health Bureau
 3 Harry S. Truman Parkway, Annapolis, Maryland 21401
 Phone: 410-222-7217 Fax: 410-222-7479
 www.aahealth.org

Who should use this form?

Maryland pools and spas regulated by the Maryland Department of Health.

Why must I complete this form?

To document the pool or spa compliance status with the 2010 ADA Standards for Accessible Design.

When do I need to submit this form to the local health department?

With your annual application for an operating permit.

What happens if the form is not submitted?

The operating permit for the pool or spa will be denied or suspended.

Maryland pools and spas regulated by the Maryland Department of Health are required to comply with disability access laws (COMAR 10.17.01.37). The U.S. Department of Justice (USDOJ) published revised regulations for Titles II and III of the Americans with Disabilities Act of 1990 (“ADA”) in the Federal Register on September 15, 2010. These regulations adopted revised, enforceable accessibility standards called the 2010 ADA Standards for Accessible Design (“2010 Standards” or “Standards”), which are available online at http://www.ada.gov/2010ADASTandards_index.htm. The 2010 Standards set minimum requirements—both scoping and technical—for State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities. To determine if your facility is required to meet the 2010 ADA Standards, please see the information and guidance on the ADA website, for example, http://www.ada.gov/pools_2010.htm, contact the USDOJ for assistance at 1-800-514-0301, or consult with your attorney. For pools, wading pools, and spas built before March 15, 2012, the 2010 ADA Standards go into effect on January 31, 2013.

Provide the following information about your facility:	
Name of Owner: _____	Name of Facility: _____
Mailing Address: _____	Facility Address: _____
City, Zip: _____	City, Zip: _____
Contact name: _____ Phone number(s): _____	
Contact email: _____	

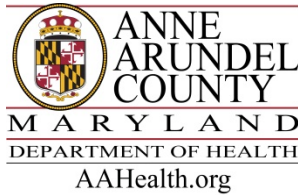
Check one of the following regarding compliance with the 2010 ADA Standards:

- The pools and/or spas located at this facility are required to meet the 2010 ADA Standards and fully comply with these Standards.
- The pools and/or spas located at this facility are required to meet the 2010 ADA Standards but compliance is “not readily achievable” at this time (see, for example, <http://www.ada.gov/regs2010/smallbusiness/smallbusprimer2010.htm#readilyachievable>).
- The pools and/or spas located at this facility are not required to meet the 2010 ADA Standards.
- The pools and/or spas located at this facility are required to meet the 2010 ADA Standards but do not meet the Standards.

Owner’s Statement:

I have carefully examined and read this form and understand that providing false information may result in denial, suspension or revocation of an operating permit. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing affidavit are true.

Signature	Title	Date
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STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit may be issued under this article to an employer to engage in an activity in which the employer may employ a covered employee, as defined in § 9-101 of the Labor and Employment Article, the employer shall file with the issuing authority a certificate of compliance with the Maryland Workers' Compensation Act or the workers' compensation insurance policy or binder number.

Circle the number of the option below which applies to the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.

1. I have workers' compensation insurance:

Name of Insurance Company _____

Policy or Binder Number _____

2. I am a member of a limited liability company or an officer of a corporation, and I have no covered employees. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE FROM THE WORKERS' COMPENSATION COMMISSION.)

3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE FROM THE WORKERS' COMPENSATION COMMISSION.)

4. I am a sole proprietor or a partner in a business and have no covered employees. (ATTACH A COPY OF THE EXEMPTION LETTER FROM THE WORKERS' COMPENSATION COMMISSION.)

Type of License (Please check):

- Permanent Food Service Facility Mobile Food Service Facility Mobile Reciprocity Food Service Facility
 Temporary Food Service Facility Campground Mobile Home Park Public Pools and Spas

I solemnly affirm under the penalties of perjury that the information provided on this form is true.

Printed Name of Applicant

Applicant's Title in the Business

Street Address of Business

City, State and ZIP Code of Business

Signature of Applicant

Date of Signing