



Health Officer: Danielle Weber, MS, RN

PUBLIC POOL AND SPA ANNUAL OPERATING PERMIT APPLICATION

Application is hereby made to operate a public swimming pool or spa facility in accordance with COMAR 10.17.01 Swimming Pools and Spas. **Application fee is \$400 for a pool, \$250 for a spa.**

Facility Name:	Facility Phone:	
	Facility Email:	
Facility Address:		
Mailing Address:		
Contact Person:	Contact Phone:	
	Contact Email:	
Owner:	Owner Phone:	
	Owner Email:	
Federal Employer ID Number (EIN) (Required):	Water Supply: <input type="radio"/> Public <input type="radio"/> Private	Sewage Disposal: <input type="radio"/> Public <input type="radio"/> Private
Operation Is: <input type="radio"/> Permanent/Year-Round <input type="radio"/> Seasonal (from _____ to _____)	Type of Facility: <input type="radio"/> Pool <input type="radio"/> Spa/Hot Tub <input type="radio"/> Wading	
Lifeguards: <input type="radio"/> Yes <input type="radio"/> No	Facility is: <input type="radio"/> Indoor <input type="radio"/> Outdoor	
Operating Hours: Mon Tues Wed Thurs Fri Sat Sun	Facility is a: <input type="radio"/> Apartment <input type="radio"/> Marina <input type="radio"/> Camp <input type="radio"/> Motel/Hotel <input type="radio"/> Club <input type="radio"/> School <input type="radio"/> Community <input type="radio"/> Therapy <input type="radio"/> Condominium <input type="radio"/> Other	
Certified Pool Operators (CPO) Names and Phone Numbers: _____ _____		

Applicant Name (Printed): _____ Title: _____

Applicant Signature: _____ Date: _____

*****DO NOT WRITE BELOW THIS LINE – SCHD USE ONLY*****

Facility Number: _____ Date Issued: _____

Date Expires: _____

All fees are due at time of application and are a non-refundable filing and processing fee.

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

SOMERSET COUNTY HEALTH DEPARTMENT
8928 Sign Post Road, Suite 2, Westover, MD 21871
Phone: 443-523-1700 Toll Free: 800-363-8090
Fax: 410-651-5680 TDD: 800-735-2258

Who should use this form?

- Maryland pools and spas regulated by the Department of Health and Mental Hygiene

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 Department of Health and Mental Hygiene 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/2010ADAsstandards_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



Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 – 800.363.8090 – Fax 410.651.5680
TDD 1-800-735-2258

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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 the Health-General Article, the employer must submit a statement of compliance listing a workers' compensation insurance policy or binder number, or provide a Certificate of Compliance obtained from the Maryland Workers Compensation Commission (WCC).

To obtain a waiver, exclusion form or certificate of compliance from the WCC, please visit their website at <https://comphub.wcc.state.md.us/>.

Please check the box of the option below which applies to you, provide the requested information, sign and date the form, and return it with your application.

I have workers' compensation insurance:

Insurance Company _____
Policy or Binder Number _____

A waiver has been received from the Workers' Compensation Commission.
(ATTACH A COPY OF THE WAIVER)

I am exempt from having workers' compensation insurance per Maryland Labor and Employment Code Ann §9-206. (ATTACH A COPY OF THE EXCLUSION FORM)

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

I have no employees; I am not required to carry workers' compensation insurance.

Printed Name

Title

Company Name

Company Address

Signature

Date