



Queen Anne's County Environmental Health

206 N. Commerce St, Centreville, MD 21617
 Phone: (410) 758-2281 Fax: (410) 758-6602
 Web site: www.qahealth.org

2017 APPLICATION FOR ANNUAL SWIMMING POOL/SPA/HOT TUB OPERATING PERMIT

Apartment () Camp () Club () Community () Condominium ()
 Motel/Hotel () School () Marina () Other (), please specify _____

Application is hereby made for a permit to operate a: Public Pool () Semi-Public Pool ()
 Limited Public-Use Pool () Spa () Swim Spa ()
 Recreational Pool () Therapy Pool () Wading Pool ()

Operating period: All Year () Seasonal () from _____ through _____
 Days and Hours of Operation: _____

Name of facility (as it is to appear on permit): _____

Physical Address of facility: _____

Mailing Address of facility: _____

Email: _____ Phone: _____

Contact Person for facility: _____

Email: _____ Phone: _____

Individual Owner of Facility: _____

Email: _____ Phone: _____

Fax #: _____

For other than individual ownership, provide the following information: If corporation, give legal corporate name and president's name; if partnership, give full partnership name and the names of general partner(s); if fictitious name, give registered fictitious and state where registered.

Corporation or Partnership	Address	President or General Partners
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Fictitious Name	Address	State of Registration
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Signature of Owner/Agent: _____ Date: _____

This application is considered not approved unless a permit is granted within 30 days of application date.

State of Maryland
Department of Health and Mental Hygiene
Larry Hogan, Governor Dennis R Schrader, Secretary

Statement of Compliance with Worker's 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 file a certificate of compliance listing a worker's compensation insurance policy or binder number. Every employer who has employees anywhere in the United States, any United States Territory or United States possession, even if there are no employees in Maryland, must provide this information. This statement of compliance is based on the worker's compensation law applicable in the state in which the licensee is based.

1. I have workers' compensation insurance:

Insurance company name: _____
Policy or Binder number: _____

2. A waiver has been received from the Worker's Compensation Commission. (Attach copy of waiver)

3. As provided, I am exempt from having worker's compensation insurance. (Attach copy of Certificate of Compliance)

4. I am self-insured. Approval of self-insurance has been received from Worker's Compensation Commission. (Attach a copy of the Certification of Compliance)

5. I am self-employed. I have no employees.

Circle the number of the option above which applies to you, provide the requested information, sign and date the form below and return it with the application.

_____ Signature	_____ Date
_____ Company name	_____ Title
_____ Company Address	<u>Swimming Pool / Spa / Hot Tub Permit</u> Type of License

FOR OFFICE USE ONLY

New permit/license ____ Approved ____ Denied ____ Hold ____
Reason _____
By _____ Date: _____

6 St. Paul St, Suite 1301 – Baltimore, Maryland 21202 – (410) 767-8440
FAX (410) 333-8931 TDD for Disabled, Maryland Relay Service 1-800-735-2258

POOL OPERATORS FOR 2017

Facility Name: _____

Address: _____

Contact Person to Set Up Opening Inspection: _____

Phone #: _____ **E-mail:** _____

Pool Company: _____

Phone #: _____ **E-mail:** _____

PLEASE PROVIDE REQUESTED INFORMATION FOR EACH POOL OPERATOR FOR THE 2017 SEASON

NAME OF THE POOL OPERATOR	HOME ADDRESS OF THE POOL OPERATOR	DATE OF APPROVED OPERATOR'S CLASS	POOL CARD #	EXPIRATION DATE

POOL/SPA DATA SHEET FOR 2017

Pool or Spa Name: _____ Permit # _____

Pool or Spa Address: _____

Owner Name: _____ Phone: _____

Email: _____

Name of Contact Person: _____

Phone: _____ Email: _____

Pool Contractor: _____ Phone: _____

Type of Pool: Public Pool () Semi-Public Pool () Limited Public-Use Pool () Spa ()
 Swim Spa () Recreational Pool () Therapy Pool () Wading ()

Pool or Spa Dimensions: _____ Water Depth: _____ ft. to _____ ft.

Total Volume of Water: _____ Water Surface Area: _____

Length of Water Perimeter: _____

Maximum User/bather load: _____

Minimum Turnover rate: _____

Maximum Filter Capacity: _____

Equipment Specifications:

	<u>Type</u>	<u>Make</u>	<u>Model</u>
Filter:	_____	_____	_____
Pump:	_____	_____	_____
Chemical Feeder:	_____	_____	_____

Sanitary Facilities:

	<u>Number of toilets/urinals</u>	<u>Hand Sinks</u>	<u>Number of Showers</u>
Women:	_____	_____	_____
Men:	_____	_____	_____

Virginia Graeme Baker Compliance: Cover Model #

 Main Drain: _____

 Equalizer Line: _____

List the Operating Instructions for Valves and Equipment: