

## **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 ( ) Motel/Hotel ( )	Camp ( ) School ( )		• ` ′	Condominium ( ) fy				
Application is hereby		c-Use Pool ()	Public Pool ( ) Spa ( ) Therapy Pool ( )	Semi-Public Pool ( ) Swim Spa ( ) 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 fa Email:	cility:		Phone:					
Contact Person for fac Email:	cility:		Phone:					
Email:			Phone:					
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	Presid	dent or General Partners					
Fictitious Name	Address		State of Registration					
Signature of Owner/A	gent:		Da	nte:				

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 Wor	ker's Compensation Commission. (Attach copy of waiver)
3. As provided, I am exempt from having wo of Compliance)	rker's compensation insurance. (Attach copy of Certificate
4. <b>I am self-insured.</b> Approval of self-insurance Commission. (Attach a copy of the Certification)	e has been received from Worker's Compensation n of Compliance)
5. I am self-employed. I have no employees.	
Circle the number of the option above which a the form below and return it with the application	pplies to you, provide the requested information, <u>sign</u> and <u>date</u> n.
Signature	Date
Company name	Title
Company Address	Swimming Pool / Spa / Hot Tub Permit Type of License
FOR	OFFICE USE ONLY
New permit/license Approved Reason	_Denied Hold
Ву	Date:
6 St. Paul St. Suite 1301 – B	altimore, Maryland 21202 – (410) 767-8440

FAX (410) 333-8931

TDD for Disabled, Maryland Relay Service 1-800-735-2258

Environ.health on Qachdsvr1 (j) Pools(revised 2017)

## **POOL OPERATORS FOR 2017**

Facility Name:					
Address:					
Contact Person to Set Up	Opening Inspection:				
Phone #:	E	E-mail:			
Pool Company:					
Phone #:	E	-mail:			
NAME OF THE POOL	STED INFORMATION FOR EACH	DATE OF APPROVED	POOL	EXPIRATION	
OPERATOR	POOL OPERATOR	OPERATOR'S CLASS	CARD#	DATE	

## **POOL/SPA DATA SHEET FOR 2017**

Pool or Spa Na	me:	Permit #	
Pool or Spa Ad	ldress:		
Owner Name:		Phone:	
	Email:		
Name of Conta	act Person:		
	Phone:	Email:	
Pool Contracto	r:	Phone:	
Type of Pool:	Public Pool ( ) Semi-Public Pool ( Swim Spa ( ) Recreational Pool (		Pool ( ) Spa ( ) Wading ( )
Pool or Spa Di	mensions:	Water Depth:	ft. to ft.
Total Volume		Water Surface Area:	
	er Perimeter:		
	/bather load:		
	over rate:		
Maximum Filte	er Capacity:		
Equipment Spe	ecifications:		
	<u>Type</u>	<u>Make</u>	<u>Model</u>
Filter:			
Pump:			
Chemi	cal Feeder:		
Sanitary Facilit	ties:		
	Number of toilets/urinals	Hand Sinks	Number of Showers
Wome	n:		
Men:			
Virginia Graen	ne Baker Compliance: <u>Cover Model</u>	<u>#</u>	
	Main Drain:		
	Equalizer Line:		
List the Operat	ing Instructions for Valves and Equipme	nt:	