



Public Health
Prevent. Promote. Protect.

Somerset County
Health Department

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

Health Officer Danielle Weber, MS, RN

APPLICATION FOR SWIMMING POOL ANNUAL OPERATING PERMIT

Fee \$200

TYPE: ☐ CONDOMINIUM ☐ CAMPGROUND ☐ HOTEL/MOTEL
☐ MARINA ☐ SCHOOL ☐ OTHER _____

Application is hereby made for a permit to operate an ☐ indoor ☐ outdoor swimming pool.

Operating Period: ☐ Year round ☐ Seasonal, from _____ to _____.

Name of Pool: _____

Facility Address: _____

City: _____, Maryland Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Facility Phone Number: _____

Owner of Pool: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Owner Phone Number: _____

Name of Certified Operator: _____

Number of Lifeguards: _____

Pool Volume: _____ Gallons

Type of Disinfectant: _____

Type of Filtration: _____

MAIN DRAIN GRATE HAS BEEN CHECKED AND FOUND SECURE: ☐ YES ☐ NO

Owner's Signature: _____ Date: _____

.....
For Official Use Only

Approved: ☐ Yes ☐ No

Health Department Signature



Public Health
Prevent. Promote. Protect.
Somerset County
Health Department

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

Health Officer: Danielle Weber, MS, RN

Statement of Compliance with Workers' Compensation Act

Maryland Health-General Code Annotated Section 1-2020 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 workers' compensation insurance policy or binder number. **This information must be provided by 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.** This statement of compliance is based on the workers' compensation law applicable in the state in which the licensee is based.

1. I have worker's compensation insurance:

Insurance Company _____
Policy or Binder Number _____

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

3. I am self-employed and exempt from having workers' compensation insurance.

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

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

Signature _____

Date _____

Company Name _____

Title _____

Company Address _____

Type of License _____

FOR OFFICE USE ONLY

New Permit/License _____ Approved _____ Denied _____ Hold _____

Reason _____

By _____

Affirmative Action and Equal Opportunity Employer and Provider

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

MARYLAND DEPARTMENT OF HEALTH (MDH)
Division of Community Services (DCS)
6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608
Phone: 410-767-8417 Fax: 410-333-8926
Toll Free: 1-877-4MD-DHMH ext. 8417

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 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 _____