

**WORCESTER COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
APPLICATION FOR ANNUAL PUBLIC SPA OPERATING PERMIT**

Application is hereby made for a permit to operate a public spa in accordance with Maryland State Department of Health and Mental Hygiene Regulations 10.17.01 "Public Swimming Pools and Spas".

**Please Print or Type and Return PERMIT WILL NOT BE ISSUED UNTIL FORM IS COMPLETED AND FEE IS PAID.
FEE: YEAR-ROUND SPAS \$300.00 SEASONAL SPAS (open < 6 months) \$165.00**

NAME OF SPA: _____

NAME OF SPA OWNER: _____
(as it is to appear on permit)

ADDRESS WHERE PERMIT SHOULD BE MAILED: _____

NAME OF OWNER/HOA PRESIDENT: _____

MAILING ADDRESS: _____

OWNER/PRESIDENT PHONE: () _____ OWNER/PRESIDENT FAX: () _____

HOA MANAGEMENT COMPANY: _____

MAILING ADDRESS: _____

MANAGEMENT CO. PHONE: () _____ MANAGEMENT CO. FAX: () _____

CERTIFIED OPERATOR: _____ PHONE: () _____

CERTIFICATION EXPIRATION: _____ *PERMIT WILL NOT BE ISSUED UNLESS SPA HAS A CERTIFIED OPERATOR*

EXACT LOCATION OF SPA: _____

OPERATION DATES: YEAR-ROUND

SEASONAL FROM: _____ TO: _____

HOURS OF OPERATION: FROM: _____ TO: _____

**IF OPERATING AFTER 8:00 P.M., SPA ILLUMINATION MUST COMPLY WITH COMAR 10.17.01.32.*

LIFEGUARD ON SITE: YES NO # CPR AND FIRST AID PERSONNEL: _____

ACCESS PROVIDED TO SITE: KEY PROVIDED COMBINATION IF USED: _____

I do hereby certify that the above information is correct and agree to maintain this spa in accordance with the regulations and guidelines formulated by the Department of Health and Mental Hygiene governing construction, operation, and maintenance of public swimming pools and spas.

SIGNATURE OF APPLICANT: _____ DATE: _____
 OWNER AGENT OPERATOR

APPLICATION WILL NOT BE PROCESSED UNLESS THE ABOVE INFORMATION IS PROVIDED. INCOMPLETE APPLICATIONS WILL BE RETURNED AND ARE SUBJECT TO A \$50.00 PER DAY LATE FEE.

OFFICE USE

APPLICATION: APPROVED DISAPPROVED

BY: _____

DATE: _____

FEE PAID: _____

PERMIT NO: _____

DATE ISSUED: _____

EXPIRATION DATE: _____