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## APPLICATION FOR ANNUAL SWIMMING POOL/SPA OPERATING PERMIT

Fee: \$200.00

Application is hereby made for a permit to operate a pool/spa ☐ Indoor ☐ Outdoor

Type of Operation: ☐ Apartment ☐ Camp ☐ Club ☐ Community ☐ Condominium  
☐ Hotel/Motel ☐ School ☐ Other; Please Specify \_\_\_\_\_

Period of Operation: ☐ Year round, or ☐ Seasonal, from \_\_\_\_\_ to \_\_\_\_\_

Specify Name of Facility as it is to appear on permit: \_\_\_\_\_

Total Number of Pools/Spas: Pool ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Spa

Specify Name of each Pool/Spa as it is to appear on permit: ☐ Main ☐ Wading ☐ Therapy ☐ Spa

☐ Other; Please Specify Name \_\_\_\_\_

Address of Facility \_\_\_\_\_ Office Phone \_\_\_\_\_

\_\_\_\_\_ Pool Phone \_\_\_\_\_

Address to which permit is to be mailed \_\_\_\_\_

Individual Owner of Facility \_\_\_\_\_

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 name(s) of the general partner(s).

Corporation Corporation Address President

Partnership Partnership Address General Partners

Pool Management Company (if any) \_\_\_\_\_

Daytime Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Hours of Operation: Specific Days \_\_\_\_\_ Specific Hours \_\_\_\_\_

Will night swimming occur? \_\_\_\_\_

Will lessons be taught? \_\_\_\_\_ If so, specific days and hours \_\_\_\_\_

Maximum number of bathers allowed in pool area \_\_\_\_\_

Name of Owner/Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_