



Kenneth W. Jenkins
County Executive

Department of Health

Dr. Sherlita Amler, M.D., M.S.
Commissioner

NOTICE TO APPLICANTS: ORIGINAL PERMIT TO OPERATE A BATHING FACILITY

Provisions of the Westchester County Sanitary Code requires a permit be obtained from the Department **PRIOR TO** the operation of a Bathing Facility. Any Bathing Facility found operating prior to inspection shall be subject to closure and legal action with additional fines. In addition, if an operator intends to construct a new bathing facility or make major or minor modifications to an existing bathing facility, they must submit plans and specifications to the Department for review, prior to construction. Only when you receive approval from the Department may you proceed with construction or modifications.

To apply, you are required to file the following documents with this Department
NO LATER THAN 30 DAYS PRIOR TO OPERATION.

1. Original Application for a Permit to Operate

In order for every pool present at your facility to receive a permit, you must submit a completed application for each pool. All questions must be answered and the application must be signed and dated. Please include your email contact information.

ONLY THE OWNER MAY SIGN THE APPLICATION. WE WILL NOT ACCEPT THE EXECUTION OF THESE DOCUMENTS BY THE MANAGING AGENT FOR THE FACILITY.

2. Corporate Ownership

If ownership of the business is a corporation, you must file the enclosed "Certificate of Resolution". The person who signs the Renewal Application *must be* the same person named and authorized in the Certificate of Resolution. A corporate seal is not required. If your corporate officers have changed since you last filed your application, submit a list of names and addresses of the new corporate officers.

3. Corporate Officers/Partners

The individuals of the Homeowners Association board, Corporate Officers, LLC Members, or Partners must be listed on this form. Complete for all facilities and submitted every five years or each time there is a change in officers or partners.

4. Provide Workers' Compensation & Disability Insurance

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits must provide one of the following forms to the government entity issuing the permit:

CE-200 -- Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. This form can be found at www.wcb.ny.gov

For technical support, contact 518-485-5000.

FOR WORKERS' COMPENSATION-- ACORD form not accepted

C-105.2 -- Certificate of Workers' Compensation Insurance; **OR**

U-26.3 -- State Insurance Fund; **OR**

SI-12 -- Certificate of Workers' Compensation Self-Insurance; **OR**
GSI-105.2 -- Certificate of Participation in Workers' Compensation Group Self-Insurance

FOR DISABILITY BENEFITS REQUIREMENTS

DB-120.1 -- Certificate of Disability Benefits Insurance; **OR**
DB-155 -- Certificate of Disability Benefits Self-Insurance

Any questions concerning the forms or procedure should be directed to the local NYS Workers' Compensation Board Office or the Bureau of Compliance, NYS Workers' Compensation Board at 877- 632-4996.

5. Application Fee

Every application for a permit shall be accompanied by a **NON-REFUNDABLE** application fee as specified:

Swimming pool with a design capacity of less than 50 bathers: \$330.00
Swimming pool with a design capacity of 50 or more bathers: \$670.00
Spa - Whirlpool - Wading Pool- Recreational Spray Ground: \$330.00
Bathing Beach: \$330.00

Payment can be made in the form of Check OR Money Order OR Credit Card with the enclosed authorization form. Cash Payments are **NOT** Accepted. Application fees are **NON-REFUNDABLE**.

Please make checks or money orders payable to:
WESTCHESTER COUNTY HEALTH DEPARTMENT

6. Bathing Facility Safety Plan

New York State Sanitary Code requires that bathing facility operators develop, update, and implement a written safety plan consisting of procedures for daily bather supervision, injury prevention, reacting to emergencies, injuries and other incidents, providing first aid and summoning help. This plan must be submitted for review and approval. Include any attachments, as necessary. When approved, it will serve as your facility's comprehensive written safety plan.

Supporting Documents

Safety Plan Template
Report on Operation of Swimming Pools
Recreational Aquatic Spray Ground Operation Report
Daily Report on Beach Operation

These documents can be accessed through the WCDOH website at:
<https://health.westchestercountyny.gov/forms-and-permits/pool-and-beach-operation>

Refer all questions about protocols and procedures to:

Westchester County Health Department
Bureau of Public Health Protection
11 Martine Avenue, 12th Floor
White Plains, NY 10606
(914) 864-7330
DOH-BPHP@westchestercountyny.gov

APPLICATION FOR ORIGINAL BATHING FACILITY PERMIT
Bureau of Public Health Protection
(Please print clearly or type)

To the Commissioner of Health:

The undersigned hereby applies for a permit to operate or maintain a business involving the following (check one or more as appropriate):

INDOOR POOL – CAPACITY _____

INDOOR SPA / WHIRLPOOL

OUTDOOR POOL – CAPACITY _____

OUTDOOR SPA / WHIRLPOOL

INDOOR WADING POOL

INDOOR AQUATIC SPRAY GROUND

OUTDOOR WADING POOL

OUTDOOR AQUATIC SPRAY GROUND

BATHING BEACH

NEW ESTABLISHMENT UNDER CONSTRUCTION: _____
EXISTING FACILITY CHANGE OF OWNERSHIP: _____
PREVIOUS FACILITY NAME / PERMIT NUMBER: _____

1. NAME OF ESTABLISHMENT _____ PHONE _____

ADDRESS _____

Municipality (Town, Village, or City) State Zip Code

NAME & MAILING ADDRESS _____
IF DIFFERENT FROM ESTABLISHMENT _____

PROVIDE CORPORATION, LLC, PARTNERSHIP INFO BELOW

2. OWNER'S NAME _____ PHONE _____

ADDRESS _____

Municipality State Zip Code

TYPE OF OWNERSHIP (check one)

Individual

Partnership

Corporation

Unincorporated Association

Municipality

Limited Liability Company (LLC)

CORPORATION OFFICERS, PARTNERS, or LLC MEMBERS

Name and Title:

Home Address:

3. PROOF of WORKER'S COMPENSATION & DISABILITY INSURANCE: **ACORD FORM NOT ACCEPTED**

Please provide proper documentation of Worker's Compensation and Disability Coverage explained on cover sheet.
OR NYS EXEMPTION Form CE-200, stating that such coverage is not required.

4. a) Business Hours: _____
b) Days of week establishment is **CLOSED**: _____
c) Dates of operation if seasonal: _____
g) Source of Water Supply - Public or Central Well: _____
h) Sewage Disposal - Public Sewer or Individual System: _____
i) Garbage and Refuse - Public or Private Carter: _____ Name if Private: _____

5. ALL BATHING FACILITY PERMIT APPLICATIONS MUST BE ACCOMPANIED BY A COMPLETE SAFETY PLAN FOR REVIEW AND APPROVAL BY THIS DEPARTMENT. FAILURE TO SUBMIT A COMPLETE SAFETY PLAN MAY DELAY THE PERMITTING PROCESS.

Included Safety Plans:

- Swimming Pool
- Bathing Beach
- Recreational Aquatic Spray Ground

REQUIRED

E-MAIL ADDRESS: _____

SECOND E-MAIL ADDRESS: _____

I agree to comply with the requirements of the Westchester County Sanitary Code and the New York State Sanitary Code.

AUTHORIZED SIGNATURE _____

NAME (Print or Type) _____

DATE _____ TITLE _____

Section 5 of the New York State Tax Law requires that you provide a Federal Employer Identification Number or Social Security Number for tax administration purposes:

FEI OR SS # _____

OFFICE USE ONLY:

Date of Inspection _____ Date of Approval _____

Inspector's Signature & Employee Number _____

Permit Conditions _____

Risk Assessment _____

COMMENTS: _____

BEQ PERMIT INFORMATION (attach approvals from BEQ) _____

**CERTIFICATE OF RESOLUTION
FOR AUTHORIZATION**

The undersigned, _____ of__

Name of Corporation _____, a corporation

Duly organized and validly existing under the laws of (State) _____

Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation at a meeting duly called and held on the _____ day of _____ 20 _____

Be it resolved that the Board of Directors, or President, if there is no Board of Directors, of (Name of Corporation) _____

With Offices at: _____

Hereby authorized (Name if person authorized): _____

To execute and deliver to the Westchester County Department of Health, for and on behalf of said Corporation, and application for : _____

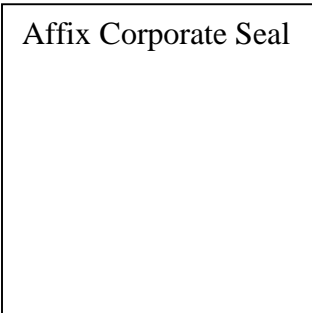
To execute and deliver any and all additional documents which may be appropriate or desirable in Connection therewith.

The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate on this _____ day of _____, 20 _____.

OFFICER'S SIGNATURE: _____

TITLE: _____



ACKNOWLEDGEMENT

STATE OF _____)

COUNTY OF _____): ss:

One this _____ day of _____, 20 _____, before me personally came _____ of _____ the corporation referred to in the within Certificate of Resolution, who being by duly sworn did depose and say that (s)he is _____ of said corporation and that (s)he signed his/her name thereto.

Notary Public

County

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Credit Card Payment Authorization Form

Sign and complete this form to authorize The Westchester County Department of Health to make a one-time charge to your credit card listed below.

By signing this form, you give this department permission to debit your account for the amount indicated, on or after the date this form is submitted to The Westchester County Department of Health.

Please Complete the Information Below

By signing below, I, _____, authorize the Westchester County Department of Health to charge my credit card account indicated below for the amount of _____, for the fees associated with the permit to operate a regulated facility.

| Facility Name | Permit # or Plan Submittal | Permit or Plan Fee |
|---------------|----------------------------|--------------------|
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| <p>Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p> <p>Print Cardholder Name (as it appears on card): _____</p> <p>Account Number: _____ Security Code: _____</p> <p>Expiration Date: _____ Account Billing Zip Code: _____</p> |
|--|

CARDHOLDER SIGNATURE: _____ DATE: _____

Cardholder acknowledges receipt of goods and/or services in the amount indicated above and agrees to perform the obligations set forth in the cardholder's agreement with the respective issuer. I understand this is a non-refundable fee and if my application is found deficient or questionable in any way, it will cause a delay in the permit approval process.