Definition of *Legal Operator* on the OCDOH Application for Pools & Spas

On the **application** for a Permit to Operate a Pool or Spa, the **Legal Operator** may be an Owner, a Pool Management Company or a Property Management Company or other entity.

- **The Permit to Operate will be issued to the *Legal Operator*, who is expected to deal directly with the OCDOH regarding permitting and resolution of violations.**

The Legal Operator who is issued the permit is the entity responsible for ensuring compliance with the entirety of Subpart 6-1 of the NYS Sanitary Code.

This includes, *but is not limited to*:

- Ensuring **adherence to Subpart 6-1 of the NYS Sanitary Code** by all members, guests, contractors, and staff.
- Ensuring **Safety Plan is submitted, approved, and followed** according to the code.
    - This may include hiring or contracting a company to provide adequate supervision.
- Ensuring **all equipment is approved, maintained, and operated appropriately** according to the code.
- Ensuring **that pool structures and systems** (pool walls, decks, ladders, pool bottom, grates, fencing, electrical, disinfection, circulation, water clarity, water level, cleanliness, safety equipment, signage, etc.) **are approved and maintained** according to the code.

The code can be located here:

- **https://regs.health.ny.gov/content/subpart-6-1-swimming-pools**

Please Note-

- **A Pool Management Company or Property Management Company is NOT the Legal Operator if they are not contracted to take *full responsibility* for all parts of Subpart 6-1 of the NYS Sanitary Code.**
- **The Entity considered the Legal Operator is required to submit proof of insurance.**

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ORANGE COUNTY DEPARTMENT OF HEALTH – Division of Environmental Health
124 Main Street – 3rd Floor, Goshen, NY 10924, Telephone: 845-291-2331
Email: EnvHealth@orangecountygov.com, Website: www.orangecountygov.com

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F#_____
P#_____
OP#_____

Swimming Pool Permit Application

1. Establishment Information

Name of Establishment: (Name on the sign for the Pool or the Complex/Community)

Reason for Application: ☐ New Operator ☐ New Facility ☐ Permit Renewal ☐ Name Change

Type of Swimming Pool Operation:
____ Indoor Pool ____Outdoor Pool
____ Spa Pool

Is there a Wading Pool? ☐ Yes ☐ No
If yes, are the pools connected by the same filtration system? ☐ Yes ☐ No

Is there a Food Service on site? Yes ☐ No ☐
(Food Services will need their own Permit App)

Facility Water- ☐ Well ☐ Public/Municipal Water

Facility Sewage Disposal- ☐ Septic ☐ Public Sewer

Type of Business: ☐ Commercial (for Profit) ☐ Non-commercial/Non-profit	Year-Round? Yes ☐ No ☐	Expected Opening Date:	Expected Closing Date:	Days/ Hours of Operation:

2. Establishment Location and Contact Information

Former Name (if applicable)			
Physical Address	Street Address	**Unit #**	Required for multi-use buildings
	City	State	ZIP Code
Facility Phone #		**Swimmer Capacity of the Pool**	

3. Pool OWNER Information

The Owner will be Operating the Pool and hold the Permit?
☐ Yes ☐ No- permit will be issued to someone else who will operate the pool

Name of OWNER of Pool (Business or individual):

Type of Entity: ☐ Corp or Inc. ☐ Partnership ☐ Individual ☐ LLC ☐ HOA Association

Contact Person(s) (If not listed above)				
MAILING Address:	Street Address		Unit #	
	City	State	ZIP Code	
1st Phone #:		☐ *Office*	☐ *Cell*	☐ *Home*
2nd Phone #:		☐ *Office*	☐ *Cell*	☐ *Home*
Email Address* (REQUIRED)				

4. Pool Management Company

The Pool Management Company will be Operating the Pool and hold the Permit? ☐ Yes ☐ No

Name of Pool Management (Business or individual):	

Type of Entity: ☐Corp or Inc. ☐Partnership ☐Individual ☐LLC

Contact Person(s) (If not listed above)				
MAILING Address:	Street Address			Unit #
	City	State		ZIP Code
1st Phone #:		☐*Office*	☐*Cell*	☐*Home*
2nd Phone #:		☐*Office*	☐*Cell*	☐*Home*
Email Address* (REQUIRED)				

5. *Other* Pool Operator & Permit Holder Information

If the Pool will be Operated by a Property Management Company or other Entity *not* listed above - fill-in the information about the Operator below. Property Management Company? ☐ Yes ☐ No

Name of Operating Entity (Business or individual):	

Type of Operating Entity: ☐Corp or Inc. ☐Partnership ☐Individual ☐LLC

Contact Person(s) (If not listed above)				
MAILING Address:	Street Address			Unit #
	City	State		ZIP Code
1st Phone #:		☐*Office*	☐*Cell*	☐*Home*
2nd Phone #:		☐*Office*	☐*Cell*	☐*Home*
Email Address* (REQUIRED)				

6. Fee Schedule

HOW MUCH DO YOU OWE? - *Check all that apply*

☐ $250 Basic App Fee for Pools (not operated by a Non-profit)

If Expediting (with approval):** **TOTAL OWED**

☐ Extra $100, 3-5 Business days Expediting**

☐ Extra $200, 0-2 Business days Expediting** $

****Expediting Fees (*if approved*)- required for ALL applications *expecting a quick turn-around. Normally takes 4-6 weeks.***

-IF EXPEDITED- the entire payment must be paid with ***cash, bank certified check or money order.***

*******Expediting Approval requires*****: File Review, Complete Application Packet, Approved Safety Plan on File, and may also require a Pre-operational Inspection**

- review/processing within 5 business days - Additional $100 fee
- review/processing within 2 business days - Additional $200 fee

If approved, the entire payment (including application fees) must be paid with cash, bank certified check or money order.

7. How To Pay

HOW TO PAY APPLICATION FEE(s)-

- ***Cash***- exact amount only, no change available
- ***Personal Checks***- only ***if not expediting***
- ***Certified Bank Checks or Money Orders***
- ***Sorry, credit card payments are not accepted at this time***

- **Make checks/MOs payable to: ORANGE COUNTY DEPARTMENT OF HEALTH or OCDOH**

Applications are not accepted without payment.
Therefore, *Commercial Applications are not accepted through email*.

The following items can be emailed to OCDOH at EnvHealth@OrangeCountyGov.com

- *Non*-commercial/*Non-profit* Applications and supporting documents
- Proof of Insurance or exemption (see requirement below)

8. Insurance Requirement

Required for all applications- **WORKERS' COMPENSATION AND DISABILITY INSURANCE COVERAGE for Operator**

Check and submit copies with the application to document compliance with the Workers' Compensation Law:

Workers' Compensation (Check One):

☐ C105.2 ☐ U-26.3 ☐ SI-12 ☐ GSI-105.2 OR ☐ CE-200 Exemption Form

Disability Insurance (Check One):

☐ DB 120.1 ☐ DB-155 OR ☐ CE-200 Exemption Form

9. Owner and Operator Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If I have indicated that I will not be Operating the Pool, I give permission to the Entity I indicated as the Operator to have control over the operation of the pool and the permitting. I understand this must be reaffirmed each year.

Otherwise, if this permit is granted to me for the operation of the above-described Swimming Pool, I promise to observe faithfully all of the requirements of Subpart 6-1 of the New York State Sanitary Code.

Choose One:

☐ *Pool is not owned by an HOA*

☐ *Owner is an HOA, so I am also submitting Page 4-* ***Confirmation of Pool Facility Owner as an HOA***

Name of **Owner** or Authorized Representative: _____ (Printed Name) Title: _____

Owner's Signature: _____ Date: _____

If Operator is different than above:

I certify that my information above is true and complete to the best of my knowledge.

If this permit is granted to me for the operation of the above-described Swimming Pool, I promise to observe faithfully all of the requirements of Subpart 6-1 of the New York State Sanitary Code.

Name of **Operator**: _____ (**Printed Name and Company**) Title: _____

Operator's Signature: _____ Date: _____

For EH Office Use Only:
Fac # _____ Per # _____ Op ID _____
Date Safety Plan Approved: _____ Date Permit Issued: _____ Issued By: _____

Confirmation of Pool Facility Owner as an HOA

Homeowners Association (HOA)- Homeowner swimming pool means a swimming pool ***owned and operated by*** a condominium, a property commonly known as a cooperative, in which the property is owned or leased by a corporation, the stockholders of which are entitled, solely by reason of their ownership of stock in the corporation, and occupy apartments for dwelling purposes, provided an "offering statement" or "prospectus" has been filed with the Department of Law, or an incorporated or unincorporated property association, all of whose members own residential property in a fixed or defined geographical area with deeded rights to use, with similarly situated owners, a defined swimming pool, provided such swimming pool is used exclusively by members of the condominium, cooperative apartment project or corporation or association, and their family and friends.

FOR OFFICE USE ONLY

F#_____

P#_____

OP#_____

Who the Pool operator is affects supervision requirements

An Owner, a Pool Management Company or a Property Management Company or other entity can be the *Legal Operator* of the pool. The Permit to Operate will be issued to the *Legal Operator*.

(***CHOOSE ONE*** below)

- ☐ ***HOA*** **will be the Operator – Will you be providing Supervision during ALL open hours? ___Yes ___No**
  - **As an HOA, you may apply for exemption from supervision.**
  - **HOA Exemption to Supervision *must be requested separately, in writing.***
- ☐ **This Pool Management Company, _____, will be the Operator.**
  - ***This company will need to be in the Operator section of Renewal App and SIGN THE APP.***
  - ***Lifeguards will be required- (No HOA Exemption Allowed)***
- ☐ **This Property Management Company or other entity, _____, will be the Operator.**
  - ***This company will need to be in the Operator section of Renewal App and SIGN THE APP.***
  - ***Lifeguards will be required- (No HOA Exemption Allowed)***

Certification

I certify that _____, our swimming pool facility, is owned by **an HOA, which is listed as the Owner on the permit renewal application.**

*****Check each box below indicating that you understand *****

- ☐ **I understand that if our Homeowners Association (HOA) pool is to be operated by a third party which is not the HOA, that our HOA will no longer be able to claim exemption from supervision and will be required to provide a lifeguard at all times when the pool is open for use.**
- ☐ **I also understand that if our pool facility is operated by a 3rd party, that the 3rd party will be responsible for submission of a pool safety plan and all other applicable paperwork to the Orange County Department of Health prior to a permit to operate being issued.**

CERTIFIED BY:

_____ _____

Print Name of HOA Board Member **Title**

_____ _____

Signature of HOA Board Member **Date**

*****IMPORTANT*** - This form must be signed by the HOA, but the *Renewal Application must to be signed by the Legal Operator*, indicated in the first section above, which may be a different entity.**