



Prince George's County
 Department of Permitting, Inspections
 and Enforcement

HEALTH DEPARTMENT

9400 Peppercorn Place, 1st Floor
 Largo, Maryland 20774
 301.883.5900 ♦ FAX: 301.883.7138

New Pool/Spa Change of Ownership



PUBLIC SPA / SWIMMING POOL PERMIT APPLICATION

INSTRUCTIONS (Check Applicable Type of Operation):

- Indoor Swimming Pool/Spa (Year-Round) \$900.00 + 5% Technology Fee of \$45 for a total of **\$945**
- Outdoor Swimming Pool/Spa (Seasonal) \$600.00 + 5% Technology Fee of \$30 for a total of **\$630**

- **Applicant must be a pool owner, lessor or pool/property management official.**
- **Note that all permits to operate a public spa or swimming pool expire December 31 of each year.**
- Type or print legibly in black ink. All applicable blanks must be filled in, and the application must be signed. Incomplete applications will be returned for corrections/completion, which will delay issuance of the permit.
- Application fees are non-refundable. Make check or money order payable to "Prince George's County" and send with completed application to the above address.
- Permit will be issued after the on-site inspection.
- If you need assistance filling out this application, please call 301.883.7681.

FACILITY INFORMATION — Applicant must be a pool owner, lessor or pool/property management official

Name of Spa or Swimming Pool: _____ Spa/Pool Phone Number: _____
 Former Name, if Applicable: _____ Anticipated Seasonal Opening Date: _____
 Address: _____ Hours of Operation: _____
 City, State, ZIP Code: _____ Tax Account #: _____

OWNER INFORMATION — As shown in State Tax Assessor's Database

Name: _____ Phone Number: _____
 Contact Person: _____
 Address: _____
 City, State, ZIP Code: _____
 Mailing Address, if Different from Owner's: _____

MANAGEMENT INFORMATION

Pool/Property Management Company: _____ Management's Phone Number: _____
 Address (for official correspondence): _____
 City, State, ZIP Code: _____

Name of Workers' Compensation Insurance Company: _____ Policy/Binder Number: _____

SIGNATURE

I, the undersigned, (Owner, Lessor, Pool/Property Management Official) certify that:

- *I have examined and read the above application and know the same is true and correct, and at this public spa/swimming pool, I will comply with all applicable laws and regulations for the State of Maryland and Prince George's County.*
- *I understand that falsification of this application may result in denial or suspension of the permit.*

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Approving Signature:	Date of Approval:	Expiration Date:
Receipt Number/Case Number:	Amount Received:	Date Application Received:

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

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH)
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 Department of Health and Mental Hygiene 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