



# ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401 (845) 340-3150, Fax (845) 334-8337

**MICHAEL P. HEIN**  
*County Executive*

**CAROL M. SMITH, MD, MPH**  
*Commissioner of Health*

Dear Swimming Pool/Whirlpool Owner/Operator:

Enclosed is an application for a permit to operate a Swimming Pool/Whirlpool in Ulster County. **This application and the appropriate fee(s) must be submitted at least 30 days before the first day of operation. Please be advised that operating without a valid permit is a violation of Part 6-1 of the New York State Sanitary Code and may subject you to an administrative enforcement action and may result in closure.** Also, it is the responsibility of the owner and/or operator of a swimming pool/whirlpool to notify the Ulster County Department of Health in writing of any changes in the status of the operation of your establishment (e.g. closing, change of ownership, etc.). **Swimming Pool/Whirlpool permits are not transferable.**

The following **must** be completed and returned in order for your application to be processed. The application **cannot be processed** if **any** of the required information below is missing or incomplete. If you have any questions regarding the enclosed application, please call Denise Woodvine at (845) 340-3019.

- Please complete Sections A, B, F, G, & H on the enclosed application
- Enter expected opening and closing date on the application
- Sign and print your name on page 4 of application
- Enclose copies of **\*Workers' Compensation and Disability** forms or signed CE-200 Exemption form

**\*New York State Law requires every facility to have workers' compensation and disability insurance or to have a CE-200 Exemption form from the New York State Workers' Compensation Board. See page 4 of the application and the enclosure for instructions.**

- Enclose appropriate payment of fee(s) by check or money order payable to: **Ulster County Commissioner of Finance.**

**ALL APPLICATION/PERMIT FEES ARE NON-REFUNDABLE**

**Swimming Pools/Whirlpools Fee Schedule**

Swimming Pool/Whirlpool.....	\$200.00
<b>Water Sample (when required).....</b>	<b>\$ 40.00</b>
<b>Returned check fee.....</b>	<b>\$ 20.00</b>

Return all of the above to:

**Ulster County Department of Health  
Environmental Health Services Division  
239 Golden Hill Lane  
Kingston, New York 12401**