

## ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3010, Fax (845) 340-3045

**PATRICK K. RYAN** *County Executive* 

CAROL M. SMITH, MD, MPH Commissioner of Health

## \*\* PLEASE READ CAREFULLY AND ENTIRELY TO ENSURE TIMELY AND PROPER PROCESSING OF YOUR PERMIT APPLICATION\*\*

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 <u>MUST</u> be completed in its entirety and returned in order for your application to be processed. The application <u>CANNOT be processed</u> if <u>ANY</u> of the required information below is missing or incomplete and will be returned and subject to a \$75.00 late fee, if applicable. If you have any questions regarding the enclosed application, please call the Environmental Health Division at (845) 340-3010.

□ Please complete Sections A, B, F, G, & H on the enclosed application

 $\Box$  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 four of the application and the WC-DB information sheet for instructions regarding the forms that MUST be submitted.

 $\Box$  Enclose appropriate payment of fee(s) by check or money order payable to: <u>Ulster County Commissioner of Finance.</u>

## ALL APPLICATION/PERMIT FEES ARE NON-REFUNDABLE

Swimming Pools/Whirlpools Fee Schedule

Swimming Pool/Whirlpool.....\$200.00

Water Sample (when required).....\$ 40.00 Returned check fee.....\$ 20.00

 $\Box$  Return all of the above to:

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

Website: www.co.ulster.ny.us/health