



ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3150, Fax (845) 334-8337

PATRICK K. RYAN
County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health and Mental 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 **MUST** be completed in its entirety 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 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
- 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.**

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

- 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