



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.dhmh.maryland.gov/washhealth

APPLICATION FOR ANNUAL SWIMMING POOL- SPA/HOT TUB - BATHING BEACH OPERATING PERMIT

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Community | <input type="checkbox"/> School |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Condominium | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Club | <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Other (Specify) _____ |
-
- | | | | |
|---|--------------------------------------|--|--|
| Application to Operate: (Check all that apply) | <input type="checkbox"/> Indoor | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Swimming Pool |
| | <input type="checkbox"/> Spa/Hot Tub | <input type="checkbox"/> Bathing Beach | <input type="checkbox"/> Wading Pool |

FACILITY

| | |
|--------------------------------------|--------------------|
| NAME (As it should appear on permit) | TELEPHONE |
| STREET ADDRESS | TELEPHONE - MOBILE |
| CITY/STATE/ZIP | EMAIL ADDRESS |

Permit Mailing Address _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

OWNERSHIP

INDIVIDUAL

Individual Owner Name _____

CORPORATION

| | |
|------------------|-------------------------------|
| Corporation Name | Name of Corporation President |
| Street Address | Telephone |
| City/State/Zip | Email Address |

PARTNERSHIP

| | |
|------------------|---------------------------|
| Partnership Name | Names of General Partners |
| Street Address | Telephone |
| City/State/Zip | Email Address |

Pool Management Company/Certified Operator _____

Days and Hours of Operation _____

Telephone Number of Pool/Spa/Beach _____

_____ Date

_____ Signature of Owner/Agent

Office use only

Rev. 8/18/2016

RECEIPT NO _____ PERMIT NO _____ DATE ISSUED _____