

Definition of Legal Operator on the OCDOH Application for Pools & Spas

On the **application** for a Permit to Operate a Pool or Spa, the **Legal Operator** may be an Owner, a Pool Management Company or a Property Management Company or other entity.

- **The Permit to Operate will be issued to the Legal Operator, who is expected to deal directly with the OCDOH regarding permitting and resolution of violations.**

The Legal Operator who is issued the permit is the entity responsible for ensuring compliance with the entirety of Subpart 6-1 of the NYS Sanitary Code.

This includes, but is not limited to:

- Ensuring **adherence to Subpart 6-1 of the NYS Sanitary Code** by all members, guests, contractors, and staff.
- Ensuring **Safety Plan is submitted, approved, and followed** according to the code.
 - This may include hiring or contracting a company to provide adequate supervision.
- Ensuring **all equipment is approved, maintained, and operated appropriately** according to the code.
- Ensuring **that pool structures and systems** (pool walls, decks, ladders, pool bottom, grates, fencing, electrical, disinfection, circulation, water clarity, water level, cleanliness, safety equipment, signage, etc.) **are approved and maintained** according to the code.

The code can be located here:

- <https://regs.health.ny.gov/content/subpart-6-1-swimming-pools>

Please Note-

- **A Pool Management Company or Property Management Company is NOT the Legal Operator if they are not contracted to take **full responsibility** for **all** parts of Subpart 6-1 of the NYS Sanitary Code.**
- **The Entity considered the Legal Operator is required to submit proof of insurance.**

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ORANGE COUNTY DEPARTMENT OF HEALTH - Division of Environmental Health

124 Main Street - 3rd Floor, Goshen, NY 10924, Telephone: 845-291-2331

Email: EnvHealth@orangecountygov.com, Website: www.orangecountygov.com

FOR OFFICE USE ONLY

F# _____

P# _____

OP# _____

Swimming Pool Permit Application

1. Establishment Information

Name of Establishment: (Name on the sign for the Pool or the Complex/Community)

Reason for Application: [] New Operator [] New Facility [] Permit Renewal [] Name Change

Type of Swimming Pool Operation: [] Indoor Pool [] Outdoor Pool [] Spa Pool. Is there a Wading Pool? [] Yes [] No. If yes, are the pools connected by the same filtration system? [] Yes [] No

Is there a Food Service on site? Yes [] No [] Facility Water- [] Well [] Public/Municipal Water

Facility Sewage Disposal- [] Septic [] Public Sewer

Type of Business: [] Commercial (for Profit) [] Non-commercial/Non-profit. Year-Round? Yes [] No []. Expected Opening Date: Expected Closing Date: Days/ Hours of Operation:

2. Establishment Location and Contact Information

Former Name (if applicable)

Physical Address: Street Address, City, State, ZIP Code, Unit #, Required for multi-use buildings

Facility Phone #, Swimmer Capacity of the Pool

3. Pool OWNER Information

The Owner will be Operating the Pool and hold the Permit? [] Yes [] No- permit will be issued to someone else who will operate the pool

Name of OWNER of Pool (Business or individual):

Type of Entity: [] Corp or Inc. [] Partnership [] Individual [] LLC [] HOA Association

Contact Person(s) (If not listed above)

MAILING Address: Street Address, City, State, ZIP Code, Unit #

1st Phone #: [] Office [] Cell [] Home

2nd Phone #: [] Office [] Cell [] Home

Email Address* (REQUIRED)