

Health Department Instructions for Applying for a Bathing Establishment with Pool Permit

Bathing Establishment With Pool Permit Overview

This permit is required to install, operate or construct any indoor or outdoor bathing establishment with a pool in New York City. This permit may also include saunas, steam rooms, or spray grounds that are at the same location as the pool(s). This permit applies to bathing establishments owned or operated by city agencies, commercial interests or private entities including, but not limited to, public or private schools, corporations, hotels, motels, camps, apartment houses, condominiums, country clubs, gymnasias and health establishments. There are two main steps to the application process:

Step 1: File the application with the Department of Consumer Affairs (DCA) Licensing Center. You may apply online or in person. See page 2 for instructions.

Step 2: File supporting documents with the Department of Health and Mental Hygiene, Office of Public Health Engineering (PHE). Documents must be submitted by mail. See pages 3 and 4 for instructions.

Permit application fee: \$1,980

Annual Renewal fee: \$245

Important Information – *Read the Following Before You Apply for a Permit*

- **Before you begin the application process, please call PHE at (718)-310-2850 to receive guidance on how to submit your supplemental documents and plans.**
- **Please review the following:**
 - New York City Health Code Article 165 – Bathing Establishments
<https://www1.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-article165.pdf>
 - New York State Department of Health Information about Bathing Facilities
<https://www.health.ny.gov/environmental/outdoors/swimming/index.htm>
 - New York State Lifeguard Aquatic Certifications for Bathing Facilities
<https://www.health.ny.gov/environmental/outdoors/camps/docs/aquacert.pdf>
 - New York State Level III and Level IV Aquatic Supervision Cardiopulmonary Resuscitation (CPR) Certifications for Bathing Facilities
https://www.health.ny.gov/environmental/outdoors/camps/docs/level3_4.pdf
 - Search for New York State Licensed Engineers or Architects
<http://www.op.nysed.gov/opsearches.htm>
 - Swimming Pool Operator’s Course Information
<https://www1.nyc.gov/nycbusiness/description/swimming-pool-operation-technology-course>



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Read the following sections thoroughly before you apply.

Step 1: Apply with the DCA Licensing Center

Apply On-Line

1. Go to <https://www1.nyc.gov/site/doh/business/permits-and-licenses/pools-spas-and-spray-grounds.page> and select the permit for which you are applying
2. Gather all supporting documentation that must be submitted along with the initial application (see the *Checklist for Required Documentation* on page 6 as well as the list of Supporting Documents on page 3).
3. Create electronic versions of your supporting documents.
4. Select Apply Online and register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment. Payments accepted: Credit/Debit Cards only.

OR

Apply In Person

1. Obtain an application packet by either:
 - a. Calling 311 and asking for a *Bathing Establishment Permit*.
 - b. Download application forms and instructions from www.nyc.gov/healthpermits.
2. Gather all supporting documentation that must be submitted along with the initial application (see the *Checklist for Required Documentation* on page 6 as well as the list of Supporting Documents on page 3).
3. Complete the *Standard Application for New License or Permit* form (Form 314C, see page 5 for instructions), form PHE 88, form PHE 100, and form DOH 1309.
4. Submit the Application form and supporting documents, along with payment, to:

DCA Licensing Center
42 Broadway, 5th floor
Manhattan
Hours: Mon, Tue, Thu, Fri: 9 am – 5 pm; Wed: 8:30 am – 5 pm
Payments Accepted: Money Order, Credit/Debit Cards, Checks (no cash accepted)

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Step 2: Provide Supporting documents to PHE

Supporting documents that must be included with the initial submission to PHE should be mailed to:

*NYC Department of Health and Mental Hygiene
Public Health Engineering
Gotham Center, CN#56
42-09 28th Street
Queens, NY 11101*

Supporting documents #1 through #7 below must be submitted by mail to PHE at the address above to initiate application review:

1. Statement by Filing Engineer: Form PHE 88
2. Application for Approval of Plans and Specifications: Form PHE 100
3. Engineering Reports for Swimming Pool Plans: Form DOH 1309
4. A Cover / Scope of Work letter. The letter must include a brief description of the facility background including building type and usage information, and a detailed discussion of the proposed system and the work to be performed.
5. Engineering plans of the facility, prepared, signed and stamped by a New York State licensed engineer or architect. *Three copies must be submitted with application.*
6. Manufacturers' specifications for pumps, flow meters, chemical feeders, etc. prepared, signed and stamped by a New York State licensed engineer or architect. *One copy must be submitted with the application.*
7. Hydraulic calculations, prepared by a New York State licensed engineer or architect. *One copy must be submitted with the application.*

Supporting documents #8 through #16 may be provided with the initial submission OR at any time during the application process and are not required until after facility construction and DOHMH inspection has been completed. These documents may be submitted electronically.

8. A copy of the Sewer Discharge Permit issued by the New York City Department of Environmental Protection (NYCDEP). Pool waste water must be disposed of through the New York City Sewer system.
9. A copy of Permission / approval letter for subsurface connection and disposal issued by the NYCDEP.
10. Proof of approval of electrical work or Certificate of Inspection for electrical work from the New York City Department of Buildings (DOB) for the pool(s) and associated pool equipment.
11. A copy of Certificate of Occupancy from the DOB showing that specific usage (for a pool or bathing establishment) on the corresponding floor is approved. A Temporary Certificate of Occupancy or Letter of Acceptance from the DOB is acceptable.
12. A Pool Safety Plan in accordance with the Department requirements that details the policies and procedures to be followed by pool personnel during normal operation and during emergencies to protect the public from accidents and injuries. The plan must include a description of daily bather supervision; injury prevention; emergency and incident response procedures, providing first aid and summoning help. The plan must be submitted and approved by PHE (see contact information below), and the approved plan must remain accessible for use at the facility all times, and must be available for inspection. The plan must be reviewed and updated by the owner or pool operator for all changes, and submitted to PHE for approval.

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Step 2: Provide Supporting documents to PHE (continued)

13. Obtain copies of Lifeguards' Certificates for those who will be employed to supervise bathers on the premises.
14. Proof of completion of Pool Operator's Certificate Course conducted by a New York State Department of Health approved provider.
15. Proof of Disability Insurance and Worker's Compensation Insurance for your facility or form CE-200 if you are exempt. For information on this requirement, go to <http://www.wcb.ny.gov>
16. A construction compliance certificate that includes a written statement that the establishment has been constructed in accordance with the plans and specifications approved by DOHMH. The certificate shall be prepared, signed, and stamped by a New York State licensed engineer or architect.

NOTE: If you have any questions about the documents and application requirements listed above, please contact PHE at 718-310-2850.



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Instructions for Completing a *Standard Application for New License or Permit form (314C)*

New York City Health Code, Section 3.19 states: "No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department."

NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted.

Complete all sections of the application. If completing it by hand, please use ink and write in CAPITAL LETTERS.

1. License or Permit Name

- Enter the name of the permit or license you want to obtain. Example: Food Service Establishment

2. Section A

- Enter the individual owner's name, or all partners' names or corporation name in the box labeled "Name of Corporation, partnership or individual owner" (the permit will be issued to the corporation, partnership or person named here)
- Enter the name of the establishment in the space labeled "Trade Name/DBA"
- Provide the address where the establishment will be located. Please include in the space labeled "Premises Location" the floor, booth number, or store number where the establishment is to be located.
- Enter the establishment's telephone, fax and the email address (if any). All correspondence sent by email will be sent to this address.
- Provide your date of birth, if applying as an individual

3. Section B

- Enter the date you expect to start operating.

4. Section C

- Enter your New York State Tax Authority ID #. Not-for-Profit applicants should enter their Federal EIN. If applying as an individual, also enter your SSN. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)

5. Section D

- Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address.

6. Section E

- Enter the name, home address, zip code, phone number, email address and title of the owner/all partners in the business/all principal officers in the corporation

7. Section F

- All applicants must complete the Workers' Compensation and Disability Insurance information requested and provide copies of proof of current insurance or form CE-200 stamped by the Worker's Compensation Board, indicating the Board received a sworn affidavit stating that such coverage is not required. An application for a permit will not be accepted without this information and proof

8. Signature

- Sign the application.
 - *Note: the person who signs the Application must be named in Section E.*
- Enter the title and telephone number of the person who signed the Application for Permit
- Indicate whether the applicant is 18 years of age or older.
 - *Note: applicants must be older than 18 years of age.*



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Checklist of Required Documentation for All New DOHMH Permit Applications (Check individual permit guidelines (see Instructions) for additional permit-specific required documentation).

Items Needed <i>Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.</i>	Legal Business Structure		
	Individual	Partnership	Corporation or LLC
Permit Application <ul style="list-style-type: none"> All applicable sections completed Supplemental Form(s) if applicable Signed by applicant (example: owner, officer, director or shareholder) 	✓	✓	✓
Permit Fee <ul style="list-style-type: none"> See list of permit fees Credit card, money order or check payable to "DOHMH" Not-for-profits: no fee if proof of status is submitted (see below) 	✓	✓	✓
Proof of Home Address (one of the following) <ul style="list-style-type: none"> Valid driver's license or non-driver ID Current lease or mortgage statement Utility bill, bank or credit card statement dated within the last 90 days "Affidavit of Home Address" form, completed by a person living with applicant and a recent utility bill or lease in that individual's name 	✓	✓ (needed for partnership of individuals only)	
Photo Identification One government-issued ID with photo, such as: <ul style="list-style-type: none"> Driver's license or non-driver ID Alien Registration Card or Naturalization Certificate U.S. or foreign passport 	✓	✓	✓
Proof of Sales Tax Collecting Authority <ul style="list-style-type: none"> Valid original NYS Certificate of Sales Tax Authority <i>Obtain at http://www.nys-opal.com. Complete Form DTF-17 on-line or mail it to New York State Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany, New York 12227. Takes 4-6 weeks.</i>	✓	✓	✓
Proof of Incorporation <ul style="list-style-type: none"> Certificate of Incorporation (stamped to show it was filed with the New York State Department of State) or Filing Receipt issued by the NYS Secretary of State. <i>If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file with application for "Authority to Conduct Business in New York State" with NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply for this permit.</i>		✓ (needed for partnership of corporations or LLCs only)	✓
Workers' Compensation & Disability Insurance Coverage <ul style="list-style-type: none"> Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is <i>NOT</i> required, submit Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers' Compensation Board showing the applicant's Exemption Number and the date issued. See http://www.wcb.ny.gov. List DOHMH as the certificate holder (not the policy holder) 	✓	✓	✓
Payment of Outstanding Fines for DOHMH Violations (if any) <ul style="list-style-type: none"> <u>Certified</u> check, credit card or money order payable to "OATH Health Tribunal" (in person payment) or pay online with credit or debit card 	✓	✓	✓
Proof of Not-for-Profit Status (if applicable)* <ul style="list-style-type: none"> Letter from the IRS stating not-for-profit status* 		✓	✓
Power of Attorney or Authority to Act Affidavit (if applicable) <ul style="list-style-type: none"> If someone else will turn in the application for you 	✓	✓	✓

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT



APPLICATION DATE		
MONTH	DAY	YEAR

FOR OFFICE USE						
CAMIS/RECORD NUMBER			LICENSE/PERMIT			
			TYPE		FEE CLASS/ SUBCLASS	
			H			
EXPIRATION DATE			FEE AMOUNT	DOLLARS		CENTS
MO	DAY	YEAR		▶		

NAME OF LICENSE/PERMIT
 (For detailed instructions and information about what is required to apply for this permit, please go to www.nyc.gov/healthpermits)

IMPORTANT: Please type or print legibly in ink using capital letters. Allow spaces between completed words or numbers. Standard abbreviations are permitted. All section must be completed in ink.

SECTION A – NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH LICENSE/PERMIT IS TO BE ISSUED

READ CAREFULLY: Enter the corporate name and location of business establishment. If not incorporated, enter your name(s) and location of business establishment.

NAME OF CORPORATION, PARTNERSHIP, PARTNERS OR INDIVIDUAL OWNER (<i>Last Name First</i>)		TELEPHONE NUMBER	
		(AREA CODE)	
TRADE NAME/Doing Business As (DBA)		FAX NUMBER	
		(AREA CODE)	
BUILDING NUMBER	STREET	PREMISES LOCATION (FLOOR, STORE #, BOOTH #)	
CITY OR TOWN		E-MAIL ADDRESS (REQUIRED)	
DATE OF BIRTH (If applying as an individual)	MONTH	DAY	YEAR
			OPTIONAL GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female

Language Preference for Inspections: If the permit you are applying for requires an inspection by the Department of Health and Mental Hygiene, do you prefer that this inspection be conducted in, or translated to, a language other than English? ___ No ___ Yes
 If "yes" that language is _____.

I agree to receive all official notices from the Department of Health only by **email** at the **email** address provided in this application form. An official notice is any correspondence from the Department of Health that requires a response by a date certain. These include, but are not limited to, permit or license renewal notices; notices of fines or fees owed; collection letters and Dunning Notices, and Notices of Violations.

I would like to receive Department of Health publications, including information about new regulations, newsletters, fact sheets and other educational material, only by **email** at the **email** address provided in this application form.

SECTION B – DATE EXPECTED TO OPEN/START OPERATING			STATE	ZIP CODE	SECTION C – NYS SALES TAX ID#	SOCIAL SECURITY NUMBER (If applying as an individual)	ITIN NUMBER (If no SSN and applying as an individual)
MONTH	DAY	YEAR					

SECTION D – MAILING ADDRESS, IF DIFFERENT FROM PERMITTED/LICENSED ESTABLISHMENT’S ADDRESS (INCLUDE APARTMENT #, PO BOX #)

STREET ADDRESS

CITY OR TOWN

STATE

ZIP CODE

CITYWIDE LICENSING CENTER – DEPARTMENT OF HEALTH AND MENTAL HYGIENE – 42 BROADWAY, NEW YORK, NY 10004

SECTION E – LIST NAMES (LAST, FIRST) OF OWNER – PARTNER – CORPORATE OFFICERS

1	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
2	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
3	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
4	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE

SECTION F

ALL APPLICANTS (EXCEPT THOSE APPLICANTS FOR A MOBILE FOOD VENDING LICENSE, TATTOO LICENCE OR A HORSE LICENSE) MUST COMPLETE THIS SECTION REQUESTING WORKERS' COMPENSATION AND DISABILITY BENEFITS INSURANCE INFORMATION AND PROVIDE COPIES OF PROOF OF CURRENT INSURANCE IF IT IS REQUIRED.

YOUR APPLICATION FOR A PERMIT WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE THIS SECTION AND PROVIDE THIS INFORMATION AND PROOF IF YOU ARE REQUIRED TO HAVE THIS INSURANCE.

Please check the appropriate box:

The business described in this application has Workers' Compensation and Disability Benefits Insurance as identified below:

Workers' Compensation Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

Disability Benefits Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

OR

Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy with the New York State-assigned Exemption Certificate Number is attached.

Certificate Number: _____ Issuance Date: _____

Form CE-200 attesting to an exemption of this requirement can be found at <http://www.wcb.ny.gov>

Legal reasons for an applicant to qualify for this exemption are listed on Form CE-200. Please review Form CE-200 to see if your business qualifies for this exemption and is not required to obtain Workers' Compensation and Disability Benefits Insurance.

By signing this application for a permit, I agree that I will comply with provisions of the Health Code and other laws that apply to the permitted activity, and that all the statements made in this application are true and complete. Making a false statement is an offense punishable by fines, imprisonment or both. (NYC Administrative Code § 10-154.)	TITLE	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER	

ARE YOU REGISTERED TO VOTE?

If not, you may request a Voter Registration form when you submit your application, or you can access www.nycceb.info/nyc-votes online.