PUBLIC SWIMMING POOL/BATHING BEACH PERMIT APPLICATION

MAY 1 through APRIL 30

BALTIMORE COUNTY MARYLAND
DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS
111 WEST CHESAPEAKE AVENUE, ROOM 114
TOWSON MD 21204
410-887-3616

MAY 1 through APRIL 30
LICENSE YEAR_____

*** FEE SCHEDULE:** **0 – 49,999 gallons = $200.00** **100,000 gallons or more = $700.00**
50,000 – 99,999 gallons = $400.00 **Public Beach = $700.00**

Make check or money payable to "BALTIMORE COUNTY, MARYLAND"

*** Add 50% Penalty Fee for Renewals Received After April 30**

Renewal (**This facility has been licensed previously**) No ☐ Yes ☐ Name or Address Change (check for yes) ☐ If yes, show previous information below

Previous Name/Address_____

FACILITY/LOCATION NAME_____ PHONE NUMBER_____
(Apartment, Health Club, Hotel, Beach, Etc.)

FACILITY ADDRESS_____ ZIP CODE_____
(Street, City and State)

MAILING NAME & ADDRESS_____ ZIP CODE_____
(If different from facility location address)

FACILITY OPERATOR_____ PHONE NUMBER_____

OPERATOR ADDRESS_____ ZIP CODE_____

FACILITY OWNER_____ PHONE NUMBER_____

OWNER ADDRESS_____ ZIP CODE_____

FACILITY INFORMATION

Specify the type below:

BEACH ☐ INDOOR POOL ☐ OUTDOOR POOL ☐ QUARRY ☐ SPA/WHIRLPOOL ☐ WADING POOL ☐

POOL CAPACITY IN GALLONS_____ OPERATING DATES: From_____ To_____

IS FOOD SERVED? YES ☐ NO ☐ IF YES, TYPE OF FOOD: VENDING ☐ PREPACKAGED ☐ PREPARED ☐

_____	_____	_____
CERTIFIED POOL OPERATOR NAME	OPERATOR NUMBER	CERTIFICATION EXPIRATION DATE

NUMBER OF LIFEGUARDS: FULL-TIME_____ PART-TIME_____

I hereby certify that competent lifeguard service shall be provided in accordance with Article 13, Title 6, Section 13-6-201 to Section 13-6-208, Baltimore County Code, 2003 Edition, as amended; and the facility will be under capable supervision at all times.

_____	_____	_____	_____
Print/Type Name of Applicant	Signature of Applicant	Title	Date

ENVIRONMENTAL HEALTH SERVICES USE ONLY

APPROVAL / DISAPPROVAL_____ DATE_____
(circle one) Signature

If disapproved, state reason(s) why:_____

FOR OFFICE USE ONLY

Application No._____ Cash Receipt No._____ Date Paid_____ Fee: $200.00 / $400.00 / $700.00

Date Issued_____ Penalty Fee: $100.00 / $200.00 / $350.00 Data Entered_____ Initials_____

REV 2/2023