



Tioga County Public Health

Health & Human Services Building | 1062 State Route 38, Owego, NY 13827

Phone: 607-687-8600 | Fax: 607-223-7030 | ph.tiogacountyny.gov

Heather Vroman, MPH, MEd., Public Health Director



Application for a Permit to Operate: Swimming Pools, Bathing Beaches, Spas, Spray Ground and Tanning Devices

Complete all items that apply to your establishment, sign and date on the last page and return with all required documentation and appropriate fee **30 days** prior to the expected opening date to:

Tioga County Public Health, 1062 State Route 38, Owego, NY 13827

Accepted forms of payment:

Cash, check made out to *Tioga County Treasurer*, or electronic payment via:

https://payments.municipipay.com/ny_tiogacountyph

Swimming Pools, Bathing Beaches, Spas, Spray Grounds

\$200.00 for first

\$150.00/each additional

*\$100.00/each + Engineer fee for Plan Review

Tanning Devices

NYS Established Rate

***Plan Review is an additional charge for new facilities; prior to submitting please call (607) 687-8600 Option 1 for details.**

**FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN A DELAY IN PERMITTING.
OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.**

Section A: Facility Information

Facility Name: _____

Facility Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Facility Status: For-Profit Non-Profit

Expected Opening Date: _____ Expected Closing Date: _____

Hours of Operation: Open _____ am pm Close _____ am pm

Days Sun Mon Tues Wed Thur Fri Sat

Water Supply (Choose one):

Public (municipal)

Private (onsite); additional fee, see [Fee Schedule](#)

Sewage System (Choose one):

Public (municipal)

Private (onsite)

Operation(s) Under this Registration (Select all that apply & list amount):

Indoor Pool(s) _____ Outdoor Pool(s) _____ Bathing Beach(es) _____

Spa Pool(s) _____ Spray Ground(s) _____ Tanning Device(s) _____

Section B: Operator/Owner Information

Legal Operator or Operating Corporation: _____
Contact Person (If not Legal Operator): _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

Section C: Required Workers' Compensation and Disability

Check the appropriate boxes and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Workers' Compensation and Disability Insurance **IF PROVIDED:**

Workers' Compensation (Choose ONE):

- Form C-105.2-Certificate of Workers' Compensation Insurance
- Form U-26.3-Certificate of Workers' Compensation Insurance
- Form SI-12-Certificate of Workers' Compensation Self-Insurance
- GSI-105.2-Certificate of Participation in Workers' Compensation Self-Insurance

AND

Disability Insurance (Choose ONE):

- DB-120.1-Certificate of Disability Benefits
- Form DB-155-Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability **IF NOT PROVIDED:**

- Form [CE-200-Certificate of Attestation of Exemption](#)

Section D: Signature **MUST BE COMPLETED**

False statements made on this application are punishable under Penal Law.

Failure to sign this form may delay issuance of your permit to operate. Operation without valid permit is a violation of the New York State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effective: _____
Permit Expiration: _____
Conditions of approval: _____
Signature _____ Title _____ Date _____