



Health Department Instructions for Applying for a Bathing Establishment without Pool Permit

This permit is required to install, operate or construct any indoor or outdoor bathing establishment with a sauna, steam or spray ground in New York City. This includes 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.

Permit application fee: \$1120.00

Annual Renewal fee: \$260

You may apply online or in person.

Apply On-Line

1. Go to www.nyc.gov/healthpermits, select the permit for which you are applying and review the prerequisites and required supporting documents.
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Documents* and *Checklist for Required Documentation* below).
3. Create electronic versions of your supporting documents
4. Select Apply Online and you will register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment.
6. Payment accepted: Credit/Debit Cards only.

Apply In Person

1. Obtain an application packet by:
 - a. Calling 311 and asking for *Apply 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 application (see *Supporting Documents* and *Checklist for Required Documentation* below).
3. Complete the Application for a Permit form and the Supplemental Forms.
4. Submit the Application form, Supplemental Forms, and all supporting documents, along with payment, to:

DCA Licensing Center
42 Broadway, 5th floor
Manhattan
Hours: M, Tu, Th, Fr: 9 am – 5 pm; We: 8:30 – 5 pm
5. Payment Accepted: Money Order, Credit/Debit Cards, Checks (no cash accepted)

Read the following sections thoroughly before you apply.



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

- **Before you begin the application process, please call the DOHMH Office of Public Health Engineering at (347) 396-6001 to receive guidance on how to submit your supplemental documents and plans.**
- Relevant Health Code Sections
<http://www.nyc.gov/html/doh/html/about/health-code.shtml>
- New York State Department of Health Information about Bathing Facilities
<http://www.health.state.ny.us/environmental/outdoors/swimming/index.htm>
- Relevant New York State Department of Health Regulations
<http://www.health.ny.gov/environmental/water/drinking/regulations/>
- NYS Life Guard CPR Certification Information
<http://www.health.ny.gov/environmental/outdoors/camps/cpr.htm>
- Search for New York State Licensed Engineers or Architects
<http://www.op.nysed.gov/opsearches.htm>
- Swimming Pool Operator's Course Information
<http://www.nyc.gov/html/doh/html/services/hany-swim.shtml>

B. Supporting Documents - application information that will be requested

1. Forms to be completed and submitted with application: [Form PHE 88](#), [Form PHE 100m](#) ([attached](#))
2. A copy of the Certificate of Occupancy from the New York City Department of Buildings showing that specific usage on the corresponding floor is approved. A Temporary Certificate of Occupancy or Letter of Acceptance from the Department of Buildings is acceptable.
3. If applying for a permit for a sauna, the New York City Department of Buildings Certificate of Occupancy must include an approval for the electrical work or provide a separate Certificate of Inspection for electrical work.
4. If applying for a steam room, the New York City Department of Buildings Certificate of Occupancy must include an approval for the plumbing or provide a separate Certificate of Inspection for plumbing.
If applying for a spray ground, complete #5 - #11
5. Submit a complete Spray Ground Submission Form.
6. Engineering plans, prepared, signed and stamped by a New York State licensed engineer or architect. Three copies must be submitted with application.
7. A copy of the Sewer Discharge Permit issued by the New York City Department of Environmental Protection (NYCDEP).
8. One set of hydraulic calculations, prepared by a New York State licensed engineer or architect. One copy must be submitted with the application.
9. Manufacturer's specification 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.
10. A Spray Ground 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



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of daily bather supervision; injury prevention; reaction to emergencies, injuries and other incidents, providing first aid and summoning help. The plan must be submitted and approved by the Office of Public Health Engineering (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 the Office for approval.

11. Proof of completion of Spray Ground [Operator's Certificate Course conducted by a New York State Department of Health approved provider.](#)

C. Attachments:

- PHE Form 88
- PHE Form 100
- Spray Ground Submission Form (if applicable)

NOTE: Submission of all of the documents required for permit approval at the time of application is not required for DOHMH to initiate its review of your application. If you have any questions about the documents and application requirements listed above, please contact the DOHMH Office of Public Health Engineering (PHE) at 347-396-6001.



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Instructions for Completing an Application Form

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 	✓	✓	✓

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.) SIGN HERE ➤	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.nycctfb.info/register tovot e online.



Office of Public Health Engineering
42-09 28th Street
Floor 14, Box 56
Long Island City, NY 11101
347-396-6001

STATEMENT

RE: PRESENTATION BY FILING ENGINEER

1. Mr. (Ms.) _____ P.E.

License _____ Registration No. _____

With an office at _____ has been retained to submit all necessary documents, prepare plans and supervise the construction of the

to be located at: _____

Block # _____ Lot # _____ N.B. or Alt. # _____

2. All data, plans and revisions thereof will be submitted to the Bureau of Public Health Engineering for approval prior to construction.

3. The above mentioned facility will not be put into use until all pertinent requirements thereto have been met and permit for its operation has been obtained from the Department of Health

Owner (Print Name) _____

Signature _____

Title _____

Address _____



Office of Public Health Engineering
42-09 28th Street
Floor 14, Box 56
Long Island City, NY 11101
 347-396-6001

APPLICATION for Approval of Plans and Specifications for the Construction of, or alterations to, an artificial bathing establishment and appurtenances

Name of Board, Individual or officer making application	Representing City village town institution or corporation	Date of Application
Name of Pool/Spray Ground, County	In city, village (indicate town and name)	
Exact location of pool/Spray Ground		
Name and license number of designing engineer or architect	Address of designing engineer or architect	Estimated Cost

It is hereby agreed that if the plans dated _____ or any amendment or revision thereof, are approved by the Department of Health, the bathing establishment and appurtenances will be constructed in accordance with the details thereof as shown on such approved plans.

Signature	Official Title	Mailing Address

This application must be signed by the Owner or the proper officials of the corporation or legally constituted board or Commission having charge of worst. The signature of the designing engineer or other agent will be accepted if accompanied by a letter or authorization.

APPLICATION FOR A BEACH or BATHING ESTABLISHMENT PERMIT



Supplemental Form – Facility Information

Operating Hours		
	Opening Time	Closing Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Existing Permit Information

Has this facility been permitted previously by the NYC Health Department?

- Yes No

If yes, please enter permit number(s):
