

**Application to Construct, Install, Remodel,  
or Modify a Public Swimming Pool**



To construct or remodel a public pool, please complete this form, and submit to your local health department, along with plans and specifications.

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| <p>1. Type of work<br/> <input type="checkbox"/> Construct or Install a facility<br/> <input type="checkbox"/> Remodel or modify a facility</p> <p>2. <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Residential</p> <p>3. Community Served:<br/> <input type="checkbox"/> Fitness/Athletic<br/> <input type="checkbox"/> Institution<br/> <input type="checkbox"/> Multi-Family<br/> <input type="checkbox"/> Hotel/Motel<br/> <input type="checkbox"/> Single family homes<br/> <input type="checkbox"/> Swim club<br/> <input type="checkbox"/> Mixed use (single/multi-family)<br/> <input type="checkbox"/> Other: _____</p> <p>4. Type of Pool:<br/> <input type="checkbox"/> Swimming pool<br/> <input type="checkbox"/> Spa (whirlpool)<br/> <input type="checkbox"/> Wading (baby) pool<br/> <input type="checkbox"/> Specialized water attraction (slide / lazy river / interactive play / scuba training, etc.)</p> <p>5. Bather Load: _____</p> <p>6. Initial below to indicate an emergency telephone and required signage will be provided in the pool area. Initials: _____</p> <p>7. Pool Surface Area: _____ ft<sup>2</sup></p> | <p>Average Depth: _____ feet<br/> Maximum Depth: _____ feet<br/> Volume: _____ gallons<br/> Perimeter: _____ feet</p> <p>8. Water Supply<br/> <input type="checkbox"/> Municipal<br/> <input type="checkbox"/> Other</p> <p>9. Sewage Disposal:<br/> <input type="checkbox"/> Municipal<br/> <input type="checkbox"/> Other</p> <p>10. Backwash Wastewater Disposal:<br/> <input type="checkbox"/> Sanitary sewer<br/> <input type="checkbox"/> Sump pit with 6" air gap<br/> <input type="checkbox"/> Other</p> <p>11. Barrier type: _____<br/> Height: _____ ft.</p> <p>12. Drawings Provided:<br/> <input type="checkbox"/> Site layout      <input type="checkbox"/> Surface view of pool<br/> <input type="checkbox"/> toilet/restroom      <input type="checkbox"/> Cross-section of pool<br/> <input type="checkbox"/> Equipment Room      <input type="checkbox"/> Equipment schematics<br/> <input type="checkbox"/> Chemical room      <input type="checkbox"/> Piping plan</p> <p>13. <input type="checkbox"/> Two sets of plans provided, 18 x 24 inches minimum.</p> <p>14. <input type="checkbox"/> Specification sheets provided</p> |
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15. Name of Owner: \_\_\_\_\_
16. Address of Owner: \_\_\_\_\_
17. Phone: Office (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Mobile (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
18. Facility Location: \_\_\_\_\_
19. Name of Contractor: \_\_\_\_\_
20. Address of Contractor: \_\_\_\_\_
21. Phone: Office (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Mobile (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**The undersigned person hereby agrees that the contents of this application are true. It is understood that an approval applied for herein shall be void and of no effect if any of the above facts are not true.**

\_\_\_\_\_  
Owner/Representative

\_\_\_\_\_  
Date of Application

*For assistance, please contact:  
Rutherford Co. EH: (828) 287-6317*

*McDowell Co. EH: (828) 652-2921*