



**APPLICATION FOR APPROVAL TO CONSTRUCT/RENOVATE
A PUBLIC SWIMMING POOL**

Facility Name			
Address	City	State	Zip
County	Phone	Email	

Owner			
Firm			
Address	City	State	Zip
Phone	Fax	Email	

Architect/Engineer	Registration Number		
Firm			
Address	City	State	Zip
Phone	Fax	Email	

***Pool plans and specifications shall be prepared by a registered design professional as required by G.S. 89C Engineering or G.S. 83A Architecture. ***

Pool Contractor	Email		
Address	City	State	Zip
Phone	Fax		

Pools shall be constructed by a contractor licensed by NC Licensing Board for General Contractors as Required by G.S. 87-1.

General Contractor (GC)	Email		
Address	City	State	Zip
Phone	Fax		

Type of Plan Review (Select):
New Construction Remodel Other:

Pool Type (Select All That Apply)
Shallow Diving Slide Pool
Combination Wading Spa
Multi Area / Water Recreation Attraction Other:

Type Of Companion Facility (Select All That Apply)
None: Motel / Hotel: Apartment: Condominium:
Mobile Home Park: Campground: Other:

Select All That Apply:
Indoor: Year-round:
Outdoor: Seasonal:

Water Supply:

Public: _____ On-Site: _____

If Public, Provider Name: _____

Sewage Disposal:

Public: _____ On-Site: _____

If public, Provider Name: _____

Pool Basin:

Pool surface area: _____ ft² Perimeter: _____ ft

Volume: _____ ft³, _____ gal Maximum Bather Load: _____ persons

Turnover: Required _____ hrs; Designed _____ hrs Recirculation Rate: _____ gpm

The owner shall submit a nonrefundable \$150 plan review fee along with a minimum of two complete sets of plans for plans for EACH pool or spa to the local Health Department for review.

All Prints of drawing shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. These plans shall include:

- (1) Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
- (2) Specifications of all treatment equipment used and their layout in the equipment room;
- (3) A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
- (4) Layout of the chemical storage room; and
- (5) Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.

(6) Specification documents submitted for:

If Applicable:

- ___ Circulation Pump
- ___ Filter
- ___ Automatic Chemical Feeder
- ___ Skimmers
- ___ Return Flow Meter
- ___ Main Drain Sumps and Grates
- ___ Adjustable Inlets

- ___ Pool Heater
- ___ Slide
- ___ Diving Equipment
- ___ Surge Container
- ___ Water Recreation Features
- ___ Feature Pump and Return Fittings

RESPONSIBILITY:

The Department shall approve, disapprove or provide written comments on plans and specifications for public swimming pools within 30 days of their receipt. If such action is not taken within 30 days, the plans and specifications are deemed approved. Construction shall not be initiated until plans are approved.

The Swimming Pool Contractor shall contact the local health department when pool pipes are in place and visible so that the local health department may conduct an open-pipe inspection of the pool piping.

Upon completion of construction, the contractor shall notify the local health department and the owner. The contractor shall provide the owner with a complete set of drawings, which show built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.

Prior to issuance of the operation permit, **The Owner** shall submit to the local health department a statement signed by a registered design professional stating that construction is complete and in accordance with approved plans and specifications and approved modifications.

Omissions or non-compliance with the .2500 NC Public Swimming Pool Rules will result in plans being disapproved.

PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT, YOU ARE AGREEING TO THESE TERMS AND CONDITIONS.

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from the Health Department may nullify plan approval. If construction is not initiated within one year from the date of approval, the approval shall be voided, and the applicant must reapply to include resubmission of plans.

Print Name: _____

Signature: _____

Title: _____ **Date:** _____