



# Public Health

## APPLICATION FOR SWIMMING POOL PLAN REVIEW

PROJECT NAME \_\_\_\_\_ PIN/PARCEL # \_\_\_\_\_  
PROJECT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

### PROJECT OWNER INFORMATION

OWNER NAME \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ FAX # \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION

GENERAL CONTRACTOR \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ FAX # \_\_\_\_\_  
ON-SITE SUPERINTENDENT \_\_\_\_\_  
ON-SITE PHONE # \_\_\_\_\_ MBL/PGR # \_\_\_\_\_

### POOL CONTRACTOR INFORMATION

POOL CONTRACTOR \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ FAX # \_\_\_\_\_  
ON-SITE REPRESENTATIVE \_\_\_\_\_ MBL/PGR # \_\_\_\_\_

### POOL INFORMATION (MARK APPROPRIATE RESPONSE)

- PLANS ARE FOR -- NEW CONSTRUCTION OR RENOVATION/REMODEL
- TYPE OF POOL -- SWIMMING - WADING OR SPA
- WATER SUPPLY -- MUNICIPAL/COMMUNITY OR ON-SITE WELL
- WASTEWATER -- MUNICIPAL SEWER OR ON-SITE SEPTIC SYSTEM

- PLEASE SUBMIT ALL NECESSARY PLANS RELATED TO SITE LAYOUT, POOL-SHELL AND PIPING, PUMP AND FILTER ROOM, CHEMICAL STORAGE AREA, BATHHOUSE OR RESTROOMS, FENCING AND GATES, ELECTRICAL, MECHANICAL AND PLUMBING.
- INCLUDE EQUIPMENT SPECIFICATIONS AND PUMP CURVES, INTERIOR FINISH SCHEDULES, DESCRIPTION OF RULES AND SAFETY EQUIPMENT, AND EMERGENCY PHONE LOCATION.
- SUBMIT PLANS AND \$ 250 PLAN REVIEW FEE TO:

DURHAM COUNTY HEALTH DEPARTMENT  
414 E MAIN STREET  
DURHAM NC 27701  
ATTN: SWIMMING POOL PROGRAM

MAKE CHECKS PAYABLE TO: DURHAM COUNTY HEALTH DEPT (TAX ID # 56-6000297)

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REV 01/2013