



APPLICATION FOR SWIMMING POOL PLAN REVIEW rev 09/2024

Facility Name _____

Site PIN/Parcel Number _____

Facility Physical Address _____

Facility City, State, Zip Code _____

Type of Companion Facility: Motel/Hotel _____ Condo _____ Apartment _____ HOA _____

Other _____

Owner Contact _____ **Firm** _____

Address _____

City, State , Zip Code _____

Email(s) _____

Phone(s) _____

Architect/Engineer _____ **Firm** _____

Address _____

City, State , Zip Code _____

Email(s) _____

Phone(s) _____

Gen Contractor/Builder Contact _____ **Firm** _____

Address _____

City, State , Zip Code _____

Email(s) _____

Phone(s) _____ Onsite Contact & Phone _____

Pool Contractor Contact _____ **Firm** _____

Address _____

City, State , Zip Code _____

Email(s) _____

Phone(s) _____ Onsite Contact & Phone _____





APPLICATION FOR SWIMMING POOL PLAN REVIEW rev 08/2024

Plan Type: New Construction _____ Renovation / Alteration _____

Pool Type: (indicate all that apply) Shallow _____ Diving _____ Wading _____ Spa _____

Slide Pool _____ Other (explain) _____

Pool Location: Indoor _____ Outdoor _____

Permit Type: Seasonal _____ Year-Round _____

Water Supply : Private Well _____ Public Well _____ Shared Well _____ Municipal Supply _____

Sewage Disposal: Public Sewer _____ Community Septic _____ Onsite Septic _____

Other (explain) _____

Pool Basin: Pool surface area _____ ft² Perimeter _____ ft
Volume _____ ft³ , _____ gal Maximum Bather Load _____ persons

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

Submit required documents to pools@dconc.gov for admin review.

- Adobe PDF formatted Electronic Documents Required.
- One application per pool
- Nonrefundable fees will be invoiced after application is deemed complete.

Include all necessary plans related to: Site Layout, Pool Shell and Piping, Pump and Filter Room, Chemical Storage Areas, Bathhouse/Restrooms, Electrical, Mechanical, and Plumbing

Include: Equipment Specifications and Pump Curves, Interior Finish Schedules, Description of Rules and Safety Equipment, and Emergency Phone Location.

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from the Department of Health may nullify plan approval. If construction is not initiated within one year from the date of approval, the approval is void.

Applicant Print Name

Applicant Signature Date

