

POOL

Will the pool be open: Year Round or
Seasonal (April 1st through October 31st with no use of the pool deck during this time)?

Will the pool enclosure be used as an egress for other areas? Yes No

What will pool hours be: _____ am/pm to _____ am/pm

Will the pool be lifeguarded? Yes No

Will the pool have gate attendants? Yes No

Pool Surface Area: _____ sq. ft Pool Perimeter: _____ ft

Volume: _____ gallons Design Turnover Rate: _____ GPM

Maximum User Loading for Pool: _____

THE FOLLOWING MUST BE SUBMITTED ALONG WITH THIS APPLICATION:

(Plans shall be a minimum of 18” x 24” and maximum of 36” x 42”)

- Site layout
- Restroom layout
- Equipment Room Schematic
- Equipment Spec Sheets (pumps, filters, chlorinators, suction outlet covers, skimmers, heaters, ladders, etc)
- Pool Piping Plan
- Mechanical and Lighting Plan for pool area, equipment room, chemical room, and restrooms.
- \$400 Plan Review Fee**
- Surface view of pool
- Cross-section of pool
- Chemical Room Schematic

PLEASE INITIAL THE FOLLOWING TO SHOW THAT YOU UNDERSTAND:

_____ **COMPLETE PLANS MUST BE SUBMITTED TO THE HEALTH DEPARTMENT. OMISSIONS OR NON-COMPLIANCE WITH THE .2500 NC PUBLIC SWIMMING POOL RULES WILL RESULT IN PLANS BEING DISAPPROVED.**

_____ **NO CONSTRUCTION SHALL BE INITIATED UNTIL PLANS ARE APPROVED.**

_____ **IF CONSTRUCTION IS NOT INITIATED WITHIN ONE YEAR AFTER PLAN APPROVAL, THEN APPROVAL IS VOID.**

_____ **PLAN REVIEW FEE INCLUDES 4 CONSTRUCTION VISITS. IF MORE THAN 4 VISITS ARE REQUIRED TO ISSUE A PERMIT, THEN A \$75 FEE WILL BE CHARGED PER VISIT.**

_____ **ANY DEVIATION FROM APPROVED PLANS WITHOUT PRIOR APPROVAL FROM APPALACHIAN DISTRICT HEALTH DEPARTMENT MAY NULLIFY APPROVAL.**

Signature: _____ Title: _____ Date: _____