## APPHEALTHCARE APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County

157 Health Services Rd Sparta, NC 28675 336-372-8813 (phone) 336-372-7793 (fax) Ashe County

626 Ashe Central Rd P.O. Box 208 (mailing) Jefferson, NC 28640 336-246-3356 (phone) 336-846-1039 (fax) Watauga County

126 Poplar Grove Connector Boone, NC 28607 828-264-4995 (phone) 828-264-4997 (fax)

## SWIMMING POOL PLAN REVIEW APPLICATION

	Str	Street		Zip Code
Type of Plan Reviev	<u>v</u> :			
☐ New Construction	□ Remodel □	] Other:		
Anticipated date of c	onstruction commend	cement:		
Type of Pool:				
	□ Spa/Hot Tub	☐ Wading Pool	☐ Training Pool	
☐ Other (please spec	rify):			
How many other poo	ls or spas will be loca	ated in the facility? _		
Community Served				
☐ Fitness/Athletic		□ Institution		
☐ Hotel/Motel				
		. I		
				System
Name of Owner:				System
Name of Owner:	Street		City	Zip Code
Name of Owner:	Street		<u>-</u>	Zip Code
Name of Owner: Mailing Address: Telephone Number:	Street	Email Address:	City	Zip Code
Name of Owner: Mailing Address: Telephone Number: Name of Contractor:	Street	Email Address:	City	Zip Code
Name of Owner: Mailing Address: Telephone Number: Name of Contractor:	Street	Email Address:	City	Zip Code
Name of Owner: Mailing Address: Telephone Number: Name of Contractor: Mailing Address:	Street Street	Email Address:	City	Zip Code  Zip Code
Name of Owner: Mailing Address: Telephone Number: Name of Contractor: Mailing Address: Telephone Number:	Street Street Street	Email Address:	City	Zip Code  Zip Code
Name of Owner: Mailing Address: Telephone Number: Name of Contractor: Mailing Address: Telephone Number: Pools shall be constructed be	Street Street Street	Email Address:	City	Zip Code  Zip Code
Name of Owner: Mailing Address: Telephone Number: Name of Contractor: Mailing Address: Telephone Number: Pools shall be constructed be Name of Engineer:	Street Street Street	Email Address:	City	Zip Code  Zip Code
Name of Owner: Mailing Address: Telephone Number: Name of Contractor: Mailing Address: Telephone Number: Pools shall be constructed be	Street Street by a contractor licensed by N	Email Address:	City  City  ral Contractors as required by G.S.	Zip Code  Zip Code  S. 87-1
Name of Owner: Mailing Address: Telephone Number: Name of Contractor: Mailing Address: Telephone Number: Pools shall be constructed be Name of Engineer:	Street Street Street	Email Address:	City	Zip Code  Zip Code

## **POOL** Will the pool be open: Year Round□ or Seasonal (April $1^{st}$ through October $31^{st}$ 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 <sup>a</sup>Surface view of pool Restroom layout <sup>a</sup>Cross-section of pool <sup>e</sup>Equipment Room Schematic <sup>a</sup>Chemical Room Schematic <sup>e</sup>Equipment Spec Sheets (pumps, filters, chlorinators, suction outlet covers, skimmers, heaters, ladders, etc) Pool Piping Plan <sup>a</sup>Mechanical and Lighting Plan for pool area, equipment room, chemical room, and restrooms. **\$400 Plan Review Fee** 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.

Signature:	Title:	Date:

PERMIT, THEN A \$75 FEE WILL BE CHARGED PER VISIT.

DEPARTMENT MAY NULLIFY APPROVAL.

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

ANY DEVIATION FROM APPROVED PLANS WITHOUT PRIOR APPROVAL FROM APPALACHIAN DISTRICT HEALTH