APPLICATION FOR APPROVAL TO CONSTRUCT OR RENOVATE A PUBLIC SWIMMING POOL

Name of Facility: _______________________________________________________________

Address of Facility: _________________________  ___________________  _______________  
Street  City  Zip Code

Type of Plan Review:
☐ New Construction  ☐ Remodel  ☐ Other

Type of Pool:
☐ Swimming Pool  ☐ Spa/Hot Tub  ☐ Wading Pool
☐ Special Purpose or Therapy Pool
☐ Water Recreation Attraction (please specify): ______________________________________

Community Served (please check all that apply):
☐ Fitness/Athletic  ☐ Swim Club  ☐ Spa Institution  ☐ Hotel/Motel
☐ Subdivision/Apartment Complex  ☐ Institution
☐ Other: _____________________________________________________________________

Select All That Apply:
☐ Indoor  ☐ Outdoor  ☐ Year-Round  ☐ Seasonal (April 1-October 31)

Water Supply:
☐ Community  ☐ Well

Sewage Disposal:
☐ Community  ☐ Onsite System

Pool overflow and backwash to: _________________________________________________
### Owner:

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Street</th>
<th>City, State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td>____ - _____ - _____</td>
<td>Email:</td>
<td>_______________________________</td>
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<tr>
<td>Alternate #:</td>
<td>_____ - _____ - _____</td>
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### Contractor:

<table>
<thead>
<tr>
<th>Address of Contractor:</th>
<th>Street</th>
<th>City, State</th>
<th>Zip Code</th>
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<td>Phone Number:</td>
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**Pools shall be constructed by a contractor licensed by NC Licensing Board for General Contractors as required by G.S. 87-1**

### Engineer:

<table>
<thead>
<tr>
<th>Address of Engineer:</th>
<th>Street</th>
<th>City, State</th>
<th>Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td>_____ - _____ - _____</td>
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<td>_______________________________</td>
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<tr>
<td>Alternate #:</td>
<td>_____ - _____ - _____</td>
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**Pool plans and specifications shall be prepared by a registered design professional as required by G.S. 89C Engineering or G.S. 83A Architecture**

### The owner shall submit:

- A minimum of two complete sets of plans for review. Plans shall be drawn to scale. All prints and drawings shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. 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.
   - Plan review fee payment of $200.00
   - Application for approval to construct or renovate a public swimming pool.

   - Specification documents submitted for:

<table>
<thead>
<tr>
<th>If Applicable:</th>
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<tbody>
<tr>
<td>□ Circulation Pump</td>
</tr>
<tr>
<td>□ Filter</td>
</tr>
<tr>
<td>□ Automatic Chemical Feeder</td>
</tr>
<tr>
<td>□ Skimmers</td>
</tr>
<tr>
<td>□ Equalizer Suction Outlet Cover</td>
</tr>
<tr>
<td>□ Return Flow Meter</td>
</tr>
<tr>
<td>□ Main Drain Covers/Grates</td>
</tr>
<tr>
<td>□ Adjustable Inlets</td>
</tr>
<tr>
<td>□ Pool Heater</td>
</tr>
<tr>
<td>□ Slide</td>
</tr>
<tr>
<td>□ Diving equipment</td>
</tr>
<tr>
<td>□ Surge Container</td>
</tr>
<tr>
<td>□ Variable Height Surface Skimmer</td>
</tr>
<tr>
<td>□ Water Recreation Features</td>
</tr>
<tr>
<td>□ Feature Pump</td>
</tr>
</tbody>
</table>

**POOL**

Will pool be lifeguarded?  □ Yes  □ No

Number of units of life saving equipment:  Ring Buoy & Body Hook: _____ of each

Location of emergency pool phone: ______________________________________________________

Pool Surface Area: _________sq. ft

Pool Perimeter: _______ft

Volume: _______gallons

Turnover Rate: ________GPM

Maximum User Loading for Pool: ________

Materials of Construction:

<table>
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<tr>
<th>Pool Shell:</th>
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<tbody>
<tr>
<td>□ Concrete</td>
</tr>
<tr>
<td>□ Vinyl</td>
</tr>
<tr>
<td>□ Gunite</td>
</tr>
<tr>
<td>□ Fiberglass</td>
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<tr>
<td>Other: ____________</td>
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</table>

Pool Finish Color: _________________________________________________________________

Pool Surface Finish Slip Resistant?  □ Yes  □ No

Shallow Area Depth: _______ft

Pool Area <5 ft deep: _________sq. ft Slope in <5 ft deep: _______

Pool Area >5 ft deep: _________sq. ft Slope in >5 ft deep: _______

Number of Skimmers: _________  Number of Inlets: _________

Skimmer Pipe Size: _______in  Inlet Pipe Size: _________in

Max GPM Equalizer Cover Can Handle: _______
Main Drain Size: _________ sq. in  Max GPM Main Drain Cover Can Handle: ____________
Main Drain Pipe Size: ________in

Hydrotherapy Drain Size (if available) : ______ sq. in
Max GPM Hydrotherapy Drain Cover Can Handle: ______
Hydrotherapy Drain Pipe Size: ______ in

Feature Drain Size (if available): __________ sq. in
Max GPM Feature Drain Cover Can Handle: __________
Feature Drain Pipe Size: _______ in

Filter Flow Rate: ______ GPM per sq. ft of bed area

Type of Disinfection: ☐ Chlorine  ☐ Bromine  ☐ Salt Water System  ☐ Biguanide

Number of ladders provided: ______  Sets of steps and handrails provided: __________

Night Time Swimming:  ☐ Yes  ☐ No

Underwater Lighting (if provided): _______ watts/sq. ft of water surface
________ lumens/sq. ft of water surface

Deck Lighting (if provided): __________ ft-candles

Decking:
Type: __________________________________________________________________
Finish: __________________________________________________________________
Slope: _________________________________________________________________

Barrier Fence:
Fence/entrance gate detail drawn on plan?  ☐ Yes (skip to next section)
☐ No (provide fence schematic)

Type: __________________________________________________________________ Fence Height: ________ ft
Type of Release Mechanism on Access Gate(s): ________________________________
Height of Release Mechanism on Access Gate(s): ________________ in

RESTROOMS AND SHOWERS:

Number of fixtures provided:
Males
Showers: _____  Showers: _____
Lavatories: _____  Lavatories: _____
Water Closets: _____  Water Closets: _____
Urinals: _____

Females
Showers: _____
Lavatories: _____
Water Closets: _____
Urinals: _____

Bench or room provided for dressing?  ☐ Yes  ☐ No
Are showers provided on the pool deck enclosure?  ☐ Yes  ☐ No
Are showers drained to sanitary sewer?  ☐ Yes  ☐ No
Shower(s) are required so that bathers may shower before entering the pool. For use as a cleansing shower, soap must be provided and shower(s) must drain to sanitary sewer or onsite wastewater system. Extra rinse showers and foot showers may deviate from these requirements.

**CHEMICAL AND EQUIPMENT ROOM:**

Chemical Room Dimensions: _____ width _____ length _____ height

☐ Shelf provided
☐ Lighting

Type of Ventilation: ☐ Natural Cross Draft ☐ Continuous Forced
☐ Vented away from pool

Equipment Room Dimensions: _____ width _____ length _____ height

☐ Lighting
☐ Floor drain to sanitary sewer
☐ Floor sloped not less than ¼ inch to drain

Type of Ventilation: ☐ Natural Cross Draft ☐ Continuous Forced
☐ Vented away from pool

**CALCULATIONS:**

**POOL PERIMETER:**

**SURFACE AREA:**

**VOLUME** (in gallons):

**FLOW RATE** (gpm):

**TURNOVER RATE:**

**BATHER LOAD:**
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. If construction is not initiated within one year from the date of approval, the approval is void.

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 issuances 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 specification and approved modifications.

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, the approval is void.

Any deviation from approved plans without prior approval from the Department will void approval.

Signed:_______________________________________________  Date: ___________________

Owner