

**Application to Construct, Install, Remodel,  
or Modify a Public Swimming Pool**



To construct or remodel a public pool, please complete this form, and submit to your local health department, along with plans and specifications.

1. Type of work
  - Construct or Install a facility
  - Remodel or modify a facility
2.  Commercial  
 Residential
3. Community Served:
  - Fitness/Athletic
  - Institution
  - Multi-Family
  - Hotel/Motel
  - Single family homes
  - Swim club
  - Mixed use (single/multi-family)
  - Other: \_\_\_\_\_
4. Type of Pool:
  - Swimming pool
  - Spa (whirlpool)
  - Wading (baby) pool
  - Specialized water attraction (slide / lazy river / interactive play / scuba training, etc.)
5. Bather Load: \_\_\_\_\_
6. Initial below to indicate an emergency telephone and required signage will be provided in the pool area. Initials: \_\_\_\_\_
7. Pool Surface Area: \_\_\_\_\_ ft<sup>2</sup>
8. Water Supply
  - Municipal
  - Other
9. Sewage Disposal:
  - Municipal
  - Other
10. Backwash Wastewater Disposal:
  - Sanitary sewer
  - Sump pit with 6" air gap
  - Other
11. Barrier type: \_\_\_\_\_  
Height: \_\_\_\_\_ ft.
12. Drawings Provided:
  - Site layout       Surface view of pool
  - toilet/restroom       Cross-section of pool
  - Equipment Room       Equipment schematics
  - Chemical room       Piping plan
13.  Two sets of plans provided, 18 x 24 inches minimum.
14.  Specification sheets provided
15. Name of Owner: \_\_\_\_\_
16. Address of Owner: \_\_\_\_\_
17. Phone: Office (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Mobile (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
18. Facility Location: \_\_\_\_\_
19. Name of Contractor: \_\_\_\_\_
20. Address of Contractor: \_\_\_\_\_
21. Phone: Office (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Mobile (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**The undersigned person hereby agrees that the contents of this application are true. It is understood that an approval applied for herein shall be void and of no effect if any of the above facts are not true.**

\_\_\_\_\_  
Owner/Representative

\_\_\_\_\_  
Date of Application

*For assistance, please contact:*

*Rutherford Co. EH: (828) 287-6317*

*Polk Co. EH: (828) 894-8004*

*McDowell Co. EH: (828) 652-2921*