

**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

Name of Facility: _____

Address of Facility: _____
Street City Zip Code

Type of Plan Review:

☐ New Construction ☐ Remodel ☐ Other: _____
Anticipated date of construction commencement: _____

Type of Pool:

☐ Swimming Pool ☐ Spa/Hot Tub ☐ Wading Pool ☐ Training Pool
☐ Other (*please specify*): _____
How many other pools or spas will be located in the facility? _____

Community Served:

☐ Fitness/Athletic ☐ Swim Club ☐ Institution
☐ Hotel/Motel ☐ Subdivision/Apartment Complex
☐ Other: _____

Water Supply: ☐ Municipal ☐ Well **Sewage Disposal:** ☐ Municipal ☐ Onsite System

Name of Owner: _____
Mailing Address: _____
Street City Zip Code
Telephone Number: _____ - _____ - _____ **Email Address:** _____

Name of Contractor: _____
Mailing Address: _____
Street City Zip Code
Telephone Number: _____ - _____ - _____ **Email Address:** _____

Pools shall be constructed by a contractor licensed by NC Licensing Board for General Contractors as required by G.S. 87-1

Name of Engineer: _____
Mailing Address: _____
Street City Zip Code
Telephone Number: _____ - _____ - _____ **Email Address:** _____

Pool plans and specifications shall be prepared by a registered design professional as required by G.S. 89C Engineering or G.S. 83A Architecture

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

▫Surface view of pool

▫Restroom layout

▫Cross-section of pool

▫Equipment Room Schematic

▫Chemical 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.

▫**\$600 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.**

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

_____ **PLAN REVIEW FEE INCLUDES 5 CONSTRUCTION VISITS/SUBMISSIONS. IF MORE THAN 5 VISITS/SUBMISSIONS ARE REQUIRED, A \$75 PER VISIT/SUBMISSION FEE WILL BE CHARGED**

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

Signature: _____

Title: _____

Date: _____