

Public Swimming Pool Plan Review Application

Name of Facility	Site Location/Street Address		
Owner	Telephone #	Email Address	
Owner Mailing Address			
Contractor	Telephone #	Email Address	
Mailing Address * Pools shall be constru by G.S. 87-1	cted by a contractor licensed by NC Licensing E	Alternate Phone # Board for General Contractors as required	
Engineer/Architect	Telephone #	Email Address	
Mailing Address * Pool plans and specifi Engineering or G.S. 834	cations shall be prepared by a registered design A Architecture.	Alternate Phone # a professional as required by G.S. 89C	
Type of Plan Review:			
□ New Construction	□ Remodel □ Other		
Type of Pool:			
□ Swimming Pool	□ Spa/Hot Tub □ Wading Pool □ Spe	cial Purpose or Therapy Pool	
U Water Recreation Att	traction (please specify):		
Community Served (ple	ase check all that apply):		
□ Fitness/Athletic □	Swim Club 🗆 Spa Institution 🗆 Hotel/Mote	1 D Subdivision/Apartment Complex	
□ Institution □ Other	:		
Select All That Apply:			
□ Indoor □ Outdoor	□ Year-Round □ Seasonal (April 1 – Octobe	or 31)	
Water Supply: Com	munity/Municipal (Public Water) 🛛 Well		

Sewage Disposal: Community/Municipal (Public Sewer) Consite System (Septic)

Pool overflow and backwash location:

The owner shall submit the following:

• 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 can be emailed to <u>VOGLERBL@forsyth.cc</u> or dropped off. **Digital submission of plans is preferred**. 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 \$269.00
- Application for approval to construct or renovate a public swimming pool.
- NOTE: ALL 3 ABOVE ITEMS SHALL BE <u>COMPLETED</u> AND <u>SUBMITTED</u> BEFORE THE PLAN REVIEW PROCESS IS STARTED.

Pool

Will the pool be lifeguarded? Yes No Life saving equipment: # of Ring Buoys Location and type of emergency phone:		
Pool Surface Area:sq. Ft	Design Flow Rate:gpm	
Pool Perimeter:sq. Ft	Turnover Rate:gpm	
Volume:gallons	Maximum User Load for Pool:	
Number of Skimmers:	the Sump: inches	
Pipe Entering Sump: Bottom Side		
Max GPM Main Drain Cover Can Handle:	GPM	
Type of Disinfection: Chlorine Bromine	∃ Saltwater System □ Biguanide	
Nighttime Swimming:	□ Yes □ No	

Are showers provided on the pool deck enclosure?		🗆 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.

RESPONSIBILITY:

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. 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 / Legal Representative