

APPLICATION FOR A PERMIT TO CONSTRUCT / ALTER A PUBLIC SWIMMING POOL

ALAMANCE COUNTY

Environmental Health

209 North Graham-Hopedale Road

Burlington, NC 27217-2995

www.alamance-nc.com

Phone: (336)570-6367

Facility Name	Email		
Address	City	State	Zip
County	Phone		

Owner	Email		
Firm			
Address	City	State	Zip
Phone	Fax		

Architect/Engineer	Registration Number	Email	
Firm			
Address	City	State	Zip
Phone	Fax		

Builder	Email		
Address	City	State	Zip
Phone	Fax		

New Construction:	Alteration/renovation:
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Pool Type:		
Shallow:	Diving:	Slide Pool:
Combination:	Wading:	Spa:
Multi Area / Water Recreation Attraction:	Other:	

Type Of Companion Facility:

None:	Motel / Hotel:	Apartment:	Condominium:
Mobile Home Park:	Campground:	Other:	

Select All That Apply:	
Indoor:	Year-round:
Outdoor:	Seasonal:

Water Supply:

Public: _____ On-site

Sewage disposal:

Public _____ On-site

Pool Basin:

Pool surface area: _____ ft² Perimeter: _____ ft
 Volume: _____ ft³, _____ gal Maximum Bather Load: _____ persons
 Turnover: Required _____ hrs; Designed _____ hrs Recirculation Rate: _____ gpm

The owner shall submit a nonrefundable \$285 plan review fee along with a minimum of two complete sets of plans for each pool or spa to the local Health Department for review.

All Prints of drawing shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. These 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.

PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT, YOU ARE AGREEING TO THESE TERMS AND CONDITIONS.

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from the Health Department may nullify plan approval. If construction is not initiated within one year from the date of approval, the approval shall be voided.

Signature: _____ **Date:** _____

ALAMANCE COUNTY ENVIRONMENTAL HEALTH

APPLICATION FOR PERMITS

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation-Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc., Food Service Plan Review and Permit.

Name _____ **Phone #** _____
(Applicant)

Mailing Address _____

Agency/Firm _____

Property Owner _____
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

(Signature)

DOB _____ **ID** _____ **Verified By:** _____
(NC Driver's License or Photo ID) **(Initial)**