



STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR APPROVAL OF SWIMMING POOL PLANS

This form is to be completed and submitted with plans and specifications in six copies along with the appropriate fee.

New Construction Revision Modification

1. Name of Agent or Applicant _____
Address of Pool _____ City _____ County _____

2. Name of Owner _____ Phone Number () _____
Mailing Address _____ City _____ State _____ Zip _____

3. Pool Type: Conventional Spa Wading Special Purpose Water Recreation Attraction
Indoor Outdoor Transient Non-transient

4. No. of Units Served: _____ No. of Stories _____ Distance of Farthest Unit from Pool: _____ Elevator: Yes No

5. Number of Sanitary Facilities: Water Closets Urinals Lavatories Dressing Rooms
Male _____ Distance From _____
Female _____ Pool: _____

6. Method of Waste Water Disposal: _____

7. Pool Volume in Gallons: _____ Bathing Load: _____ Water Source: _____

8. Dimensions: Width: __ Length: __ Area: __ Perimeter: __ Depth: Max. __ Min. __ Shape _____

9. Type Construction Material: Shell _____ Finish _____ Color _____

10. Equipment Make and Model:

(A) Recirculation Pump: _____ Flow _____ GPM At _____ TDH _____ HP _____

(B) Filter: _____ Area _____ Sq. Ft. Flow Capacity _____

(C) Disinfection Equipment: _____ Capacity _____ GPD or PPD

(D) pH Adjustment Feeder: _____ Capacity _____ (GPD)

(E) Test Kit: _____

The design engineer certifies to the preparation of the engineering documents and agrees to furnish certified operating permit applications upon completion of the project and is authorized to represent the applicant in the engineering features including monitoring of construction.

These plans, specifications and related documents are approved and accepted by the owner/owner's representative.

Date _____
Signature and seal: Engineer registered under Florida Statutes

Date _____
Signature: Owner/Owner's Representative

Typed Name and Florida registration number

Typed Name and Title of Above

Phone Number: (____) _____

Phone Number: (____) _____

Address: _____
Street

Address: _____
Street

City State Zip

City State Zip

These plans for the proposed construction cited in the foregoing application are hereby approved under authority of Chapters 381 and 514, Florida Statutes, with the following proviso(s):

Construction on this project shall be commenced within one year from the date of approval of this application otherwise six (6) months approval extension shall be obtained from the Department prior to commencing construction.

This approval is for the functional aspects of this project and is based on the information and data supplied by the applicant or his agent. There may be other local permits, requirements or regulations that must be met prior to the construction of this facility.

Only those applications, plans and specifications that have been stamped with the Department's approval number are included in this approval. Any changes to these applications, plans or specifications may render this approval null and void.

DEPARTMENT OF HEALTH

Approval Stamp and Date _____

By: _____
DOH Engineer

Print Name