

Chesapeake
Swimming Pool/SPA
Construction Application

Plan Review Fee(\$80)Received_____

Pool Name _____ Date _____

Address _____

Owner _____ Phone _____

Builder _____ Phone _____

*Provide a set of plans that includes the following information:

1. Pool drawing with dimensions.
2. Pool piping arrangement.
3. Location of inlets, skimmers, main drain, vacuum hose connection, ladders, steps, depth markers, diving boards, and lifeline.
4. Pump room detail and diagram of filtration and chemical equipment.
Backwash/wastewater disposal method.
5. Pool deck area including widths and slope.
6. Restroom/shower facilities when required.

Structural Specifications

Water supply: public approved well

Pool dimensions: _____ Shape: _____

Gallons: _____ Depth range: _____ ft.

Maximum bather load (Total Surface Area ÷ 27) : _____

Pool structure: Poured concrete Fiberglass Gunite
Other (specify) _____

Pool finish: _____ Coping: _____

Grease tile: _____ Hydrostatic Relief Valve: _____

Depth Markers: _____

[required on both coping and grease tile]

Life line: _____ Location: _____

*"No Diving" signage required on deck surface at depths less than 5 feet.

Steps[may not project into the pool]: _____ Handrails: _____

Ladders: _____ Seats: _____

Decking

Deck type: _____ Finish: _____

Minimum width: _____ ft.

Sloped to drain away from the pool _____

Fencing

Fence type: _____ Height(minimum 4'): _____

Distance from ground to bottom of fence (maximum 2"): _____

Self-closing/self-latching gate: _____

Minimum distance to pool: _____

Recirculation System

Skimmers: _____ Overflow gutters: _____

of Outlets: _____ # of Returns: _____

[All outlets must be designed to prevent bather entrapment.]

Circulating pump: _____ size _____ rate

Turnover rate: _____

Filter type: _____ number: _____

Flow rate capacity: _____

Total filter surface area: _____

Pressure gauges: _____ influent _____ effluent _____ tank only

Backwash method: _____ sight glass: _____

Rate of flow meter: _____

Heater: _____

Disinfection

Type: _____ Capacity: _____ Rate: _____

Other chemical feeders (specify): _____ Capacity _____

Filter Room

Sloped to drain: _____ Floor drain: _____

Ventilation: _____

[mechanical exhaust fan/louver combination required]

Room finish: _____

NEC approved vapor proof light fixtures: _____

Electrical switches located outside of the door: _____

Pipes color coded: _____ Backwash Directions: _____

Pool Specification Placard: _____

Facilities for safe chemical storage: _____

Personal Protective Equipment: _____

[NIOSH approved respirator, face shield or goggles, chemical handling gloves and apron as a minimum, secured outside of the chemical enclosure]

NFPA 704 Placard(s) posted on door(s): _____

MSDS Sheets: _____

**"Authorized Personnel Only" required on doors to rooms containing hazardous chemicals.

Other Equipment

Direct dial telephone (accessible to bathers): _____

Water fountain _____

Life Saving Equipment:

- >Ring buoy with 150lb.test line (2x pool width)_____
- >Red Cross approved backboard (with straps and neck immobilizer)_____
- >Shepherds crook _____
- >First aid kit _____

“Pool Rules” sign: _____

“Pool Capacity” sign(s): _____

“Pool Readings” sign: _____

Approved test kit: _____

Diving boards: _____

Lifeguard chairs: _____

Deck area lights: _____, _____ watts

Underwater lights: _____, _____ watts

Fill spout: _____

Vacuum cleaner: _____

Wall brush, leaf skimmer: _____

Designated eating area (at least 10' from pool): _____

Bath House Facilities

* not required if bathers have access to these facilities within their homes no further than 500 feet away or within an adjacent clubhouse.

Showers (1 per every 40 bathers at max load): _____

Toilets (mens): _____

Toilets (womens): _____

Covered trash receptacle (womens): _____

Lavatories (mens): _____

Lavatories (womens): _____

Soap, toilet tissue, paper towel dispensers: _____

Baby changing station in each restroom: _____

Shatterproof mirrors: _____

Floor, wall, ceiling finish: _____
(smooth, nonabsorbent, easily cleanable)

Ventilation: _____

*Certificate of Occupancy required before a permit to operate a pool or spa can be issued by the director of public health.

Remarks: _____

Owner's Signature

Contractor's Signature

Reviewed by: _____ Date: _____