APPLICATION
FOR A PUBLIC POOL, SPA, OR INTERACTIVE WATER FEATURE
Incomplete applications will not be accepted. Plan review will not begin until application is complete.

APPLICATION TYPE:  □ New Construction  □ Remodel  □ Change or Update of Ownership

Date: 
Name of Establishment: _______________________________ Phone: (     ) - 
Physical Address: ________________________________________

TO BE COMPLETED BY THE POOL OWNER OR AN AUTHORIZED REPRESENTATIVE

Name of Principal Contact: _______________________________ Phone: (     ) - 
E-mail _______________________________
Name of Establishment Owner: _______________________________ Phone: (     ) - 
Establishment Owner Address: _______________________________ Phone: (     ) - 
□ Corporation  □ Individual  □ Legal Owner  □ Owner Operator  □ Partnership
Mailing Address: _______________________________ Phone: (     ) - 
□ Same as Physical Address  □ Use Establishment Owner Address

Property Management Company:  □ N/A  □ UNKNOWN

Required Monthly Bacteria Sampling to be  □ Collected by SWUPHD personnel  □ Collected by pool owner, operator, or designee

I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS SECTION IS CORRECT

OWNER SIGNATURE __________________________________ DATE: ____________________

TO BE COMPLETED BY THE GENERAL CONTRACTOR OR AN AUTHORIZED REPRESENTATIVE

General Contractor Name: _______________________________ Phone: (     ) - 
Contractor Mailing Address: _______________________________ Phone: (     ) - 

Include construction plans showing the following information.

Location of club house/restroom building Numbers and location of:
Fencing Height
Entrance latch height
Minimum Deck Width
Toilets
Lavratories
Showers*
Entrances*
First Aid Kit*
Life Hook*
Life Ring*

*Not required for interactive water features

I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS SECTION IS CORRECT

GENERAL CONTRACTOR SIGNATURE __________________________________ DATE: ____________________

TO BE COMPLETED BY THE POOL CONTRACTOR OR AN AUTHORIZED REPRESENTATIVE

Pool Contractor Name: _______________________________ Phone: (     ) - License # S380
Contractor Mailing Address: _______________________________ Phone: (     ) - 

Plumber Name: _______________________________ Phone: (     ) - License # M380

Electrician Name: _______________________________ Phone: (     ) - License # M380

# OF POOLS: ______ Type (Check all that apply)  □ Swimming Pool  □ Spa  □ Wader/Kid pool  □ Interactive water feature

Continued on Back
Detailed construction plans, including a wet stamp from an engineer licensed in the State of Utah, must be submitted for each body of water to be constructed. Please ensure that these plans show the following information:

- Total Volume
- Surface Area
- Perimeter
- Depth
- Overflow Gutters
- # of Inlets
- # of Skimmers*
- Turn Over Rate
- Drain Manufacturer*
- Filter Area
- Filter Type
- Filter Manufacturer
- Pump Size
- Pump Manufacturer
- Disinfectant Feeder Type
- Disinfectant Feeder Capacity
- ORP System Manufacturer**

**SHOW ALL DIMENSIONS ON PLANS AND SUBMIT A PUMP CURVE FOR ALL PUMPS**

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**Facility #1**

Name (if applicable) ________________________________

Type: ___________________________ Shell Color: ___________________________ Tile Color: ___________________________

Disinfectant Type: ___________________________ *Secondary Disinfection Method ___________________________

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**Facility #2**

Name (if applicable) ________________________________

Type: ___________________________ Shell Color: ___________________________ Tile Color: ___________________________

Disinfectant Type: ___________________________ *Secondary Disinfection Method ___________________________

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**Facility #3**

Name (if applicable) ________________________________

Type: ___________________________ Shell Color: ___________________________ Tile Color: ___________________________

Disinfectant Type: ___________________________ *Secondary Disinfection Method ___________________________

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**Facility #4**

Name (if applicable) ________________________________

Type: ___________________________ Shell Color: ___________________________ Tile Color: ___________________________

Disinfectant Type: ___________________________ *Secondary Disinfection Method ___________________________

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*It is strongly recommended that samples of plaster and contrasting tiles be submitted prior to installation*

*Required for pools and spas only

**Required on spa pools

† Required for interactive water features

If space is needed for additional pools, please photo copy this form and attach to the back of this application.

I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT

POOL CONTRACTOR SIGNATURE ________________________________ DATE: ________________________________

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Fees Paid $__________

For office use only

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