

APPLICATION

FOR A PUBLIC PO Incomplete applications wil					
	-	•	GE OR UPDATE OF	-	
Date:					
Name of Establishment:			Phone:	()	-
Physical Address:			Сітү	State	ZIP
TO BE COMPLETED BY THE POOL OWNER OR AN AUT	HORIZED REPRESENTATIVE		CIT	SIAL	211
Name of Principal Contact:			Phone:	()	-
E-mail					
Name of Establishment Owner:			Phone:	- ()	-
Establishment Owner Address:					
	al Owner Operation	ator Partnership	Сітү	State	Zip
Same as Physical Address Use Establi			Сітү	State	Zip
Property Management Company: 🛛 🗌	I/A 🗌 UNKNOWN				
Required Monthly Bacteria Sampling to be	Collected by SWUPHE	personnel 🗌 Collect	ed by pool owne	er, operator,	or designee
I HEREBY CERTIF	Y ALL INFORMATION CONT	AINED IN THIS SECTIO	N IS CORRECT		
OWNER SIGNATURE		C	DATE:		
TO BE COMPLETED BY THE GENERAL CONTRACTOR O	ONLY FOR NEW CONSTRUC				
General Contractor Name:			Phone:	() -	
				/	
			Сіту	State	Zip
	construction plans showing	g the following inform	ation.		
Location of club house/restroom building	Numbers and location of:				
Fencing Height	Toilets	Entrances*		Hook*	
Entrance latch height	Lavatories	First Aid Kit*	Life	Ring*	
Minimum Deck Width	Showers* *Not required for interactiv	ue water features			
I HEREBY CERTIF	Y ALL INFORMATION CONT	•	N IS CORRECT		
GENERAL CONTRACTOR SIGNATURE			DATE:		
TO BE COMPLETED BY THE POOL CONTRACTOR OR A	NAUTHORIZED REPRESENTATIVE		S 38	0	
Pool Contractor Name:	Phone:	() - l	License # B10		
Contractor Mailing Address:		Сп	Y	State Z	IP
Plumber Name:	Phone: () - Licen	□Master ISE # □Journeyma	n	
Electrician Name:) - Licen	□Master ISE # □Journeyma	n	
# OF POOLS: TYPE (Check all tha		ool SPA Wader		eractive wat	er feature

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	#of Inlets	Filter Type	Pump Manufacturer
Surface Area	# of Skimmers*	Filter Manufacturer	Pump Size
Perimeter	Overflow Gutters (if present)*	Filter Size	Disinfectant Feeder Type
Depth	Turn Over Rate	Filter Area	Disinfectant Feeder Capacity
	Drain Manufacturer*		ORP System Manufacturer**

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

Facility #1			
Name (if applicable)			
		Tile Color :	
Disinfectant Type:	⁺ Secondary Disinfection Method		
Facility #2			
Name (if applicable)			
Туре:	Shell Color:	Tile Color :	
Disinfectant Type:		+Secondary Disinfection Method	
Facility #3			
Name (if applicable)			
Туре:	Shell Color:	Tile Color :	
Disinfectant Type:		+Secondary Disinfection Method	
Facility #4			
Name (if applicable)			
		Tile Color :	
Disinfectant Type:		+Secondary Disinfection Method	

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	<i>†</i> 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:	
	Fees Paid \$ For office use only Initials		