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MF# _____	

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 Project _____
 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 Pool: _____
Female					
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 that the plans and specifications provided meet the requirements of Chapter 514 Florida Statutes and Chapter 64E-9 of the Florida Administrative Code.

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

Signature and seal: Engineer registered under Florida Statutes

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.

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 Reviewer

Print Name