



Division of Environmental Health  
151 S University Ave, Suite 2600  
Provo UT 84601  
(801) 851-7525

# Health Department

## APPLICATION FOR PUBLIC POOLS PLAN SUBMITTAL

Name of Pool(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner Mailing Address: *(if different from above)* \_\_\_\_\_

Pool Contractor \_\_\_\_\_ Engineer/Architect: \_\_\_\_\_

### SEND REVIEW TO:

Name \_\_\_\_\_ Email Address: \_\_\_\_\_

### ITEMS THAT MUST BE SUBMITTED:

1 Set of full-size plans (and any additional sets you would like stamped)

1 Set of 11 x 17 plans

1 Electronic PDF

**\*Incomplete applications will not be accepted.**

Resubmittal

Total Bodies of Water: \_\_\_\_\_ @ \$400 each

Pool \_\_\_\_\_ Spa \_\_\_\_\_ Other \_\_\_\_\_

(< 2,000 Square Feet and/or 1 feature pump)

Total Bodies of Water: \_\_\_\_\_ @ \$800 each

Pool \_\_\_\_\_ Spa \_\_\_\_\_ Other \_\_\_\_\_

(> 2,000 Square Feet and/or 2 feature pumps)

I hereby affirm that the above-named pool(s) will be constructed as specified in the submitted and approved plans and that construction will not begin until plans have been reviewed and approved. Any alterations of the pool(s) must be resubmitted to the Health Department for approval. I also affirm that I have been made aware of the penalties mentioned below.

A penalty of 100% of the permit fee will be charged for an establishment that **starts operation** without an annual health permit.

Name: (print) \_\_\_\_\_

Relation to Business \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Utah County ID #s: \_\_\_\_\_  
Permit #s: \_\_\_\_\_  
\_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Rec'd By: \_\_\_\_\_  
Payment Date: \_\_\_\_\_  
Cash  Check  \_\_\_\_\_ Credit/Debit  \_\_\_\_\_