



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 - \$150.00

Total Bodies of Water: _____ @ \$500 each

Pool _____ Spa _____ Other _____

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

Total Bodies of Water: _____ @ \$900 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 <input type="checkbox"/> Check <input type="checkbox"/> _____ Credit/Debit <input type="checkbox"/> _____