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 ☐ Check ☐ Credit/Debit ☐