



Health Department

Division of Environmental Health

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 Provo UT 84601 – 801-851-7525
 waterquality@utahcounty.gov
 www.health.utahcounty.gov

APPLICATION FOR PUBLIC POOLS PLAN SUBMITTAL

Name of Pool(s) _____

Address: _____ City: _____ ZIP: _____

Owner Name: _____

Address: _____ City: _____ ZIP: _____

Email Address: _____ Phone Number: (____) _____ - _____

Pool Contractor _____ Engineer/Architect: _____

SEND REVIEW TO:

Name _____ Email Address: _____

REQUIRED ITEMS (showing compliance with Utah State Administrative Code of R392-302):

- 2 Sets of 11x17 plans stamped and signed by an engineer licensed in Utah
- Site plan detailing dressing rooms, restrooms, showers, pool enclosure photometric, fencing, pool deck, all access points to the pool enclosure, etc
- Electronic PDF via USB device
- Engineering calculations, including equipment specifications
- RESUBMITTAL

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

***Upon request UCHD may require larger sets of plans**

Bodies of Water: ____ @ \$940 ea	Bodies of Water: ____ @ \$1300 ea	Bodies of Water: ____ @ \$1700 ea
Pool ___ Spa ___ Other ___	Pool ___ Spa ___ Other ___	Pool ___ Spa ___ Other ___
(< 2,000 Sq Ft and/or 1 feature pump)	(> 2,000 Sq Ft and/or 2 feature pump)	(5,000+ Sq Ft and/or 3 feature pump)
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round

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 may be charged for an establishment that **starts operation** without an annual health permit.

Name: (print) _____ Relation to Business _____

Signature: _____ Date: _____

UCHD OFFICE USE ONLY

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"/> _____