

APPLICATION FOR A PERMIT TO CONSTRUCT / ALTER A PUBLIC SWIMMING POOL, SPA POOL, OR BATHHOUSE

State of Oregon
Department of Human Services

Environmental Services & Consultation
800 NE Oregon Street, Suite 608
Portland, Oregon 97232-2162
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**PLEASE COMPLETE A SEPARATE
APPLICATION FOR EACH POOL**

*I AM HEREBY MAKING APPLICATION TO CONSTRUCT/ALTER
THE FOLLOWING SWIMMING POOL OR FACILITY. I
UNDERSTAND THAT A CONSTRUCTION/ ALTERATION PERMIT
ISSUED UNDER THIS APPLICATION MUST BE RECEIVED **PRIOR**
TO ANY ACTUAL WORK ON THE PROJECT*



Facility Name			
Address	City	State	Zip+4
County	Phone		

Owner			
Firm			
Address	City	State	Zip+4
Phone	FAX		

Architect / Engineer			
Firm			
Address	City	State	Zip+4
Phone	FAX		
Oregon Registered - Architect _____ Engineer _____			

Builder	Project Contact Person		
Address	City	State	Zip+4
Phone	FAX		

Bathhouse: <input type="checkbox"/>	New Construction: <input type="checkbox"/>	Alteration/Renovation: <input type="checkbox"/>
Pool Type:	Indoor: <input type="checkbox"/>	<input type="checkbox"/> Shallow:
General-Use: <input type="checkbox"/>	Outdoor: <input type="checkbox"/>	<input type="checkbox"/> Combination:
Limited-Use: <input type="checkbox"/>	Year-around: <input type="checkbox"/>	<input type="checkbox"/> Slide Plunge:
Spa: <input type="checkbox"/>	Seasonal:	<input type="checkbox"/> Multi Area / Water
Other: <input type="checkbox"/>	W: <input type="checkbox"/> S: <input type="checkbox"/>	<input type="checkbox"/> Recreation Attraction:
		Other: _____
		<input type="checkbox"/> Diving:
		<input type="checkbox"/> Wading:
		<input type="checkbox"/> Zero-Depth:

Office Use Only:	
Plan Number	
Check Amount	Check Number
Variations	Variance #
Y <input type="checkbox"/> N <input type="checkbox"/>	
Reviewer's Initials	
Construction Permit #	
Date of Issue	

**POOL OR BATHHOUSE OPERATION WITHOUT A VALID
LICENSE IS A VIOLATION OF OREGON LAW.**

Type of Companion Facility: None ___ Motel/Hotel___ Apartment___ Condo___
Mobile Home Park___ Campground___ Other_____

Side 2 of 2



POOL BASIN:

Pool Surface Area (sq.ft.)_____ Perimeter(ft.)_____ Volume (cu.ft.)_____ (gal.)_____
Max. Bather Load (RND Down)_____ Turnover-(hrs)(Required_____ Designed_____) Recirc. Rate(gpm)_____

PUMP: (Please submit a pump curve.)

Recirculation - Make/Model_____ Hp_____ GPM @ 40' TDH_____ 60' TDH_____
Jet (Spas) - Make/Model_____ Hp_____ GPM @0' TDH_____ @design_____ ft.TDH_____

FILTERS: ANSI/NSF 50 LISTED - YES___ IF NO SELECT A LISTED FILTER, OR PROVIDE DOCUMENTATION

Filter - Make/Model_____ # of filters_____ Filter type: Sand___ D.E.___ Cartridge___
Surface area/filter(sq. ft.)_____ Tot. Flow(gpm)_____ Pressure_____ Vacuum_____ **Gauges provided?**

PIPING AND FITTINGS:

Piping - Meets ANSI/NSF Standard 14 (Y/N)_____ Velocity **less than** 6 ft./sec - suction, 10 ft./sec - pressure(Y,N)_____
Piping type_____ Schedule_____ Inlets- Make/Model_____ Number of_____

Skimmer - Make/Model_____ ANSI/NSF Listed_____ Number provided_____
(Provide equalizer line / valve / float control fittings.) (Pools with one skimmer - plumb equalizer line to main drain)

Gutter - Length_____ Outlet pipe size_____ spacing_____ ft. **(One outlet - show flow calculations)**
Surge Capacity(gallons)_____ Tank effective size(ft) Length_____ Width_____ Depth_____

Main Drain - Make/Model_____ No. of_____ Total Open area(sq.in.)_____
Shallow Pools and Spas - Entrapment Protection Method_____

DISINFECTION:

Disinfectant - Chlorine/Bromine - Type _____ Secondary Disinfectant_____

Ozone provided - Show on plans, and provide equipment information

Disinfectant feeder - Make/Model_____ Cap.(ppm/pool volume/24 hr)_____

ANSI/NSF Standard 50 Listed YES___ IF NO - PROVIDE A ANSI/NSF LISTED FEEDER

POOL FILL / WASTE DISPOSAL:

Pool Fill - Potable Water Supply (Treated/Well Supply)_____ Safe Test (Date)_____/_____/_____
Air-gap connection_____ Air-break / vacuum breaker_____ R/P valve (Make,Model)_____
Waste Disposal - Air Gap connection to Septic_____ Holding_____ Municipal_____ Other_____

BATHHOUSE:

Fixtures - Toilets - M_____ F_____ Urinals - M_____ Lavatory - M_____ F_____ Showers - M_____ F_____

LIGHTING: Submerged lighting provided (Y/N)_____

Watts/sq.ft. of deck provided_____ Submerged lighting watts/sq.ft.of pool surface provided_____

Submitted herewith is pertinent information with respect to a public swimming pool or spa pool, including ___ identical sets of plans and specifications as it is to be constructed. All sets bear my signature and registration seal. I certify that the pool, as designed, is structurally stable, safe and meets the minimum standards of Oregon Administrative Rules, Chapter 333-60, Public Swimming Pools, or Chapter 333-62, Public Spa Pools. The correct fee for plan review has been included.

Signature/Designer:_____ Date: _____ Registration Number:_____

I attest that the above designer is submitting plans, under my direction, for public pool construction. Upon completion, I will comply with the requirements of the appropriate administrative rules governing my pool.

Signature/Owner_____ Date _____

**PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POOL
PLEASE ATTACH FEES (\$300.00 per pool - \$150.00 per variance request)**