



Mecklenburg County Health Department
Environmental Health Division
Application to Construct, Install, Remodel, or Modify a Public Swimming Pool

Proposed Name of Facility _____
Address of Facility _____
(street) (city) (zip)
LUESA Project # _____

Type of Plan Review
 ___ New Construction
 ___ Remodel **Date of Original Construction or Remodel:** ___ Before May 1, 1993 ___ May 1, 1993 or later
 ___ Other _____
(please specify)

Type of Pool (Select All That Apply)
 ___ Swimming Pool ___ Wading Pool/Children’s Activity Pool ___ Spa/Hot Tub
 ___ Water Recreation Attraction ___ Special Purpose and Therapy Pool
Type of Operation
 ___ Indoor ___ Outdoor ___ Year-Round ___ Seasonal (April 1-Oct 31)
 ___ Night Swimming (night swimming will require sufficient lighting and a nighttime inspection to confirm lighting)
Community Served
 ___ Fitness/Athletic ___ Institution ___ Multi-Family ___ Lodging
 ___ Subdivision/Neighborhood Amenity ___ Other _____
(please specify)

Water Supply and Sewage Dispersal
 Water Supply ___ Municipal ___ Well
 Sewage Disposal ___ Municipal ___ Septic System
 Pool Overflow ___ Municipal ___ Daylight (to be verified with Meck. Co. Storm Water) ___ Septic System

Barrier Type (Select All That Apply)
 ___ Fence ___ Wall ___ Dwelling Unit ___ Gate ___ Doors ___ Windows

Owner

Name _____
Address _____
(street) (city) (state) (zip)
Phone Number _____ (office) _____ (cell)
Email Address _____

Contractor

Name _____
Address _____
(street) (city) (state) (zip)
Phone Number _____ (office) _____ (cell)
Email Address _____

Pools shall be constructed by a contractor licensed by NC Licensing Board for General Contractors as required by G.S. 87-1

Engineer

Name _____
Address _____
(street) (city) (state) (zip)
Phone Number _____ (office) _____ (cell)
Email Address _____

Pool plans and specifications shall be prepared by a registered design professional as required by G.S. 89C Engineering or G.S. 83A Architecture


The Plans Set Shall Include:

1. Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
2. Specifications of all treatment equipment used and their layout in the equipment room;
3. A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
4. Layout of the chemical storage room; and
5. Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.
6. A plan review fee payment of \$250.00 per pool will be collected after the review.
7. Application for approval to construct or renovate a public swimming pool.

Important: If the amenity areas were previously reviewed and approved by MCPH, then please provide the LUESA Project # for that project and make sure all approved sheets are submitted as For Reference Only Drawings. They must reflect what is being submitted with the Pool Drawings.

LUESA PROJECT # _____ Are FRO Drawings Included? Y/N

Plan Submittal Process

Plans shall be submitted for review according to Mecklenburg County Code Enforcement using the Electronic Plan Review Submittal Process. The process can be found here .

Responsibility

1. The Department shall approve, disapprove, or provide written comments on plans and specifications for public swimming pools within 30 days of their receipt. If such action is not taken within 30 days, the plans and specifications are deemed approved. *Disclaimer: The 30 days will start on the "accepted review date" during the On Schedule Electronic Plan Review Process set by Mecklenburg County Code Enforcement.*
2. If construction is not initiated within one year from the date of approval, the approval is void.
3. The swimming pool contractor shall contact the health department (*as soon as possible*) when pool pipes are in place and visible so that the health department may conduct an open pipe inspection of the pool piping.
4. Prior to issuance of the operation permit, the owner shall submit to the local health department a statement signed by a registered design professional stating that construction is complete and in accordance with approved plans and specifications and approved modifications. Observation of construction and a final inspection for design compliance by the certifying registered design professional or his representative are required for this statement.
5. Upon completion of construction, the contractor shall notify the local health department and the owner. The contractor shall provide the owner with a complete set of drawings, which show as built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.

Owner/Representative

The undersigned person hereby agrees that the contents of this application are true. It is understood that a permit applied for herein shall be void and of no effect if any of the above facts are not true.

Name _____

Signature _____

Date _____