



**APPLICATION FOR APPROVAL TO CONSTRUCT OR RENOVA TE A
PUBLIC SWIMMING POOL**

Name of Facility: _____

Address of Facility: _____
Street City Zip Code

Swimming Pool will be constructed within Buncombe County Planning and Development jurisdiction (if yes, provide SPR number on the next line)*:

YES NO

**If unsure of planning and development jurisdiction, please contact planninginfo@buncombecounty.org.*

Site Plan Review (SPR) #** : _____

****Swimming pools being constructed in Buncombe County Planning and Development jurisdiction will not be accepted without an approved SPR. For information on how to obtain an SPR number, visit <https://onlinepermits.buncombecounty.org/citizenaccess/EPR.pdf>.**

Type of Plan Review:

New Construction Remodel Other

Type of Pool (Please fill out separate application for each body of water):

Swimming Pool Spa/Hot Tub Wading Pool

Water Recreation Attraction, Special Purpose, or Therapy Pool (Please Specify: i.e. waterslide plunge pool; wave pool; rapid or lazy river; spray pad; training pool; float tank; swim spa training pool; exercise therapy and treadmill pool; scuba pool;) _____

Community Served (please check all that apply):

Fitness/Athletic Swim Club Spa Institution Hotel/Motel /Condominium/Apartment

Complex Subdivision Institution Other: _____



Engineer: _____

Address of Engineer: _____
Street City, State Zip Code

Phone Number: _____ - _____ - _____ Alternate #: _____ - _____ - _____

Email: _____

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

General Contractor (GC): _____

Address of GC: _____
Street City, State Zip Code

Phone Number: _____ - _____ - _____ Alternate #: _____ - _____ - _____

Email: _____



The owner shall submit:

- A minimum of two complete sets of plans for review. Plans shall be drawn to scale. All prints and drawings shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. Plans 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.
- Plan review fee payment of \$200.00 (for each body of water)
- Application for approval to construct or renovate a public swimming pool.

• Specification documents submitted for:

If Applicable:

Circulation Pump

Pool Heater

Filter

Slide

Automatic Chemical Feeder

Diving equipment

Skimmers

Surge Container

Return Flow Meter

Water Recreation Features

Main Drain Sumps and Grates

Feature Pump and Return Fittings

Adjustable Inlets



POOL (Please indicate page numbers on plans on where to find this information):

- Will pool be lifeguarded? Yes No pg #: ____
- Max width of pool: _____ (ft) pg #: ____
- Ring Buoy & Body Hook: _____ of each. pg #: ____
- Location of emergency pool phone: _____ pg #: ____
- Pool Surface Area: _____ sq. ft pg #: ____
- Pool Perimeter: _____ ft pg #: ____
- Volume: _____ gallons pg #: ____
- Design Flow Rate: _____ gpm at _____ TDH pg #: ____
- Turnover Rate: _____ gpm pg #: ____
- Maximum User Loading for Pool: _____ pg #: ____

Materials of Construction:

- Pool Shell: Concrete Vinyl Gunite Fiberglass
 Other: _____ pg #: ____
- Pool Finish Color: _____ pg #: ____
- Pool Surface Finish Slip Resistant? Yes No pg #: ____

Depth:

- Average Shallow Area Depth: _____ ft pg #: ____
- Pool Area < 5 ft deep: _____ sq. ft Slope in areas < 5 ft deep: _____ pg #: ____
- Pool Area > 5 ft deep: _____ sq. ft Slope in areas > 5 ft deep: _____ pg #: ____



Circulation Equipment:

- Pump Manufacturer _____ Model #: _____ Horsepower: _____
Maximum Pump Flow: _____ gpm pg #: _____
- Number of Skimmers: _____ Number of Inlets: _____
- Skimmer Pipe Size: _____ in Inlet Pipe Size: _____ in pg #: _____
- Main Drain Sump Dimensions:
Sump manufacturer and model #: _____
Round Sump- diameter: _____ inches; OR Square Sump- _____ inches X _____ inches
Sump depth _____ inches Size of main drain suction pipe _____ inches
Orientation of suction pipe to sump: _____ side _____ bottom
Distance between the top inside of suction pipe (inside sump) and the bottom of the drain cover/grate _____ inches
- Max Flow Rating of Main Drain Cover: _____ gpm pg #: _____
- Filter Flow Rate: _____ GPM per sq. ft of bed area pg #: _____
- Disinfection: _____ Chlorine _____ Bromine _____ Salt Water System _____ Biguanide pg #: _____

Hydrotherapy Equipment (if applicable):

- Pump Manufacturer _____ Model #: _____ Horsepower: _____
Maximum Pump Flow: _____ gpm pg #: _____
- Hydrotherapy Drain Sump Dimensions:
Sump manufacturer and model #: _____
Round Sump- diameter: _____ inches; OR Square Sump- _____ inches X _____ inches



Sump depth _____ inches Size of hydrotherapy drain suction pipe _____ inches

Orientation of suction pipe to sump: _____side _____bottom

Distance between the top inside of suction pipe (inside sump) and the bottom of the drain cover/grate _____ inches

- Max Flow Rating of Hydrotherapy Drain Cover: _____ gpm pg #: _____

Feature Equipment (if applicable):

- Pump Manufacturer _____ Model #: _____ Horsepower: _____
Maximum Pump Flow: _____ gpm pg #: _____

- Feature Drain Sump Dimensions:

Sump manufacturer and model #: _____

Round Sump- diameter: _____ inches; OR Square Sump- _____ inches X _____ inches

Sump depth _____ inches Size of feature drain suction pipe _____ inches

Orientation of suction pipe to sump: _____side _____bottom

Distance between the top inside of suction pipe (inside sump) and the bottom of the drain cover/grate _____ inches

- Max Flow Rating of Feature Drain Cover: _____ gpm pg #: _____

Number of ladders provided: _____ Sets of steps and handrails provided: _____ pg #: _____

Night Time Swimming: Yes No pg #: _____

Underwater Lighting: _____ watts/sq. ft of water surface **or** _____ lumens/sq. ft of water surface pg #: _____



Deck Materials of Construction:

pg #: ____

- Type: _____
- Finish: _____
- Slope: _____

Barrier Fence:

pg #: ____

- Fence/entrance gate detail provided with plans? Yes (continue to next section)
 No (provide fence schematic)
- Type: _____ Fence Height: _____ ft/in
- Type of Release Mechanism on Access Gate(s): _____
- Height of Release Mechanism on Access Gate(s): _____ in

Restrooms and Showers (if applicable):

A scaled drawing of the restroom facilities is required to be submitted even if the restroom facilities were constructed prior to submittal of application for pool construction)

Number of fixtures provided:

pg #: ____

Males

Females

Showers: _____

Showers: _____

Lavatories: _____

Lavatories: _____

Water Closets: _____

Water Closets: _____

Urinals: _____



- Bench or room provided for dressing? Yes No
- Are showers provided on the pool deck enclosure? Yes No
- Are showers drained to sanitary sewer? Yes No

Shower(s) are required so that bathers may shower before entering the pool. For use as a cleansing shower, soap must be provided and shower(s) must drain to sanitary sewer or onsite wastewater system. Extra rinse showers and foot showers may deviate from these requirements.

Showers are not required at hotels, motels, condominiums, and apartments. However, if the farthest unit is more than 300 ft from the pool enclosure, a toilet and sink are required.

Chemical and Equipment Rooms (*all items below to be shown on plans*):

- Chemical Room Dimensions: _____ (ft) width _____ (ft) length _____ (ft) height pg #:____
 Shelf provided Yes No
 Lighting provided Yes No
- Type of Ventilation (choose one): Natural Cross Draft Continuous Forced
 Vented away from pool Yes No
- Equipment Room Dimensions: _____ (ft) width _____ (ft) length _____ (ft) height pg #:____
 Lighting provided Yes No
 Floor drain to sanitary sewer Yes No
 Floor sloped not less than ¼ inch to drain Yes No
- Type of Ventilation (choose one): Natural Cross Draft Continuous Forced
 Vented away from pool Yes No



RESPONSIBILITY:

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. Construction shall not be initiated until plans are approved. If construction is not initiated within one year from the date of approval, the approval is void.

The Swimming Pool Contractor shall contact the local health department when pool pipes are in place and visible so that the local health department may conduct an open-pipe inspection of the pool piping.

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 built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.

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 specification and approved modifications.

Omissions or non-compliance with the .2500 NC Public Swimming Pool Rules will result in plans being disapproved.

Any deviation from approved plans without prior approval from the Department will void approval.

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: _____

