

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

State of Oregon  
Oregon Health Authority  
Public Health Division  
Public Swimming Pool Program  
800 NE Oregon Street, Suite 608  
Portland, Oregon 97232-2162  
Phone (971) 673-0448  
FAX (971) 673-0457

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



<b>Facility Name</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip+4</b>
<b>County</b>	<b>Phone</b>		

<b>Owner</b>			
<b>Firm</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip+4</b>
<b>Phone</b>	<b>FAX</b>		

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

<b>Builder</b>		<b>Project Contact Person</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip+4</b>
<b>Phone</b>	<b>FAX</b>		

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

<b>Office Use Only:</b>	
Plan Number _____ - _____	
Check Amount _____	Check Number _____
Variances Y__ N__	Variance # _____
<b>Acct #</b>	<b>Amt. \$</b>
51400-51412 2130	\$200.00
51400-51412 2135	\$100.00
Date Received (mm/dd/yyyy) _____ / _____ / _____	
34-720 (08-11)	

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

Type of Companion Facility: None \_\_\_ Motel/Hotel \_\_\_ Apartment \_\_\_ Condo \_\_\_ Side 2 of 2  
 Mobile Home Park \_\_\_ Campground \_\_\_ Other \_\_\_\_\_

**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 \_\_\_\_\_ @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 \_\_\_\_\_ (Provide Gauges !)

**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.) \_\_\_\_\_  
 Suction Fittings must comply with OAR 333-060-0128 or OAR 333-062-0103 and the Virginia Graeme Baker Act.

**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 AN ANSI/NSF LISTED FEEDER OR SYSTEM

**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 basin)  
 PAYABLE TO THE "OREGON HEALTH AUTHORITY"**