



**SWIMMING POOL and SPA PLAN REVIEW APPLICATION**

**This application shall be completed prior to the construction, modification, extension or enlargement of any public swimming area or related facility.**

The following items must be included with this application:

1. ***Plans of pool and associated facilities prepared or approved by a Colorado Registered Professional Engineer, demonstrating compliance with all requirements set forth in the SWIMMING POOL AND MINERAL BATH REGULATIONS of the State of Colorado (1993).***
2. ***Equipment specification sheets for heaters, pumps, filters, disinfection units and any other items related to the pool/spa construction.***
3. ***Fee of \$100.00 Per Pool/Spa plan to be reviewed.***

Processing Time: Please allow **30 days** for review. Incomplete applications or missing plans will delay this process. Upon approval, a letter will be forwarded to the Mesa County Building Department and the owner/agent.

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Pool \_\_\_\_\_ Spa \_\_\_\_\_ Public \_\_\_\_\_ Semi Public

Type of Construction: \_\_\_\_\_ New \_\_\_\_\_ Remodel/Enlargement/Modification

Estimated Opening Date: \_\_\_\_\_

Application #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

**CONTACT INFORMATION:**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Designer/Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**WATER SUPPLY:**

\_\_\_\_\_ Public Water System – Name: \_\_\_\_\_

\_\_\_\_\_ Private Water System – PSID #: \_\_\_\_\_

Fill Spouts: \_\_\_\_\_ Location: \_\_\_\_\_ Air Gap at Fill Spout: \_\_\_\_\_

**WASTEWATER DISPOSAL:**

\_\_\_\_\_ Public Sewer System – Name: \_\_\_\_\_

\_\_\_\_\_ Onsite Wastewater Treatment System – Permit #: \_\_\_\_\_

**POOL CONSTRUCTION SPECIFICATIONS:**

Capacity \_\_\_\_\_Gallons    Surface Area \_\_\_\_\_Sqft    Turnover Rate \_\_\_\_\_Gal/min

Shape \_\_\_\_\_    Length \_\_\_\_\_Ft    Width \_\_\_\_\_Ft

Min Depth \_\_\_\_\_Ft    Max Depth \_\_\_\_\_Ft    Bather Load \_\_\_\_\_Persons

Area w/depth greater than 3 ½ Ft. \_\_\_\_\_    Pool Surface Finish \_\_\_\_\_

Diving Board? \_\_\_\_ Number \_\_\_\_\_ Water Depth \_\_\_\_\_FT    Board Height \_\_\_\_\_Ft

Headroom \_\_\_\_\_Ft    Horizontal Separation \_\_\_\_\_

Underwater Lighting? \_\_\_\_ Number \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Watts \_\_\_\_\_

Water Feature? \_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_ Location \_\_\_\_\_

Ladders? \_\_\_\_ Location \_\_\_\_\_ Steps (contrasting tread) \_\_\_\_\_

\*\*\*ADA Requirement: Second accessible Means of Entry Must Be Provided:

\_\_\_\_\_Yes    \_\_\_\_\_No    If yes, please describe: \_\_\_\_\_

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**POOL EQUIPMENT SPECIFICATIONS:**

Number of Main Drains \_\_\_\_\_ (VGB Compliant)

Size \_\_\_\_\_    Pipe Size \_\_\_\_\_    Grating \_\_\_\_\_

Number of Skimmers \_\_\_\_\_ (1/400 sq ft surface area, min. of two)

Size \_\_\_\_\_    Make \_\_\_\_\_    Model \_\_\_\_\_

If overflow gutters used is surge tank provided? \_\_\_\_    Outlet pipe size \_\_\_\_\_

Number of inlets \_\_\_\_\_    Discharge depth \_\_\_\_\_    Distance between inlets \_\_\_\_\_

**SPA CONSTRUCTION SPECIFICATIONS:**

Capacity \_\_\_\_\_ Gallons    Surface Area \_\_\_\_\_ Sqft

Bather Load \_\_\_\_\_ Persons    Turnover Rate \_\_\_\_\_ Gal/min

Construction \_\_\_\_\_

Type \_\_\_\_\_ Manufactured in place    Make \_\_\_\_\_ Model: \_\_\_\_\_

Constructed in place \_\_\_\_\_    Surface finish: \_\_\_\_\_

Underwater Lighting? \_\_\_\_ Number \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Watts \_\_\_\_\_

Water Feature? \_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_ Location \_\_\_\_\_

**SPA EQUIPMENT SPECIFICATIONS:**

Number of Main Drains \_\_\_\_\_ (VGB Compliant)

Size \_\_\_\_\_ Pipe Size \_\_\_\_\_ Grating \_\_\_\_\_

Number of Skimmers \_\_\_\_\_ (1/500 sq ft surface area, min. of two)

Size \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**DISINFECTION SYSTEM:**

Disinfection Used: \_\_\_\_ Chlorine \_\_\_\_ Bromine \_\_\_\_ Ozone \_\_\_\_ Other (Specify)

Method of Disinfection: \_\_\_\_\_ Hypo    \_\_\_\_\_ Make    \_\_\_\_\_ Model

\_\_\_\_\_ Salt    \_\_\_\_\_ Make    \_\_\_\_\_ Model

\_\_\_\_\_ Erosion    \_\_\_\_\_ Make    \_\_\_\_\_ Model

\_\_\_\_\_ Gas\*    \_\_\_\_\_ Make    \_\_\_\_\_ Model

\*The use of gas disinfection requires a separate room for the cylinders and feed mechanisms as well as the provision of specific safety equipment. You must also include plans and specifications for such a room and required equipment with this application. Notification of fire department is required.

**MECHANICAL SCHEDULE:**

<b>Pumps</b>	Make	Model	HP	Capacity (GPM)
Main Pool				
Wading Pool				
Hot Tub/Spa				
Other				

<b>Filters</b>	Make	Model	Type	Capacity(GPM)
Main Pool				
Wading Pool				
Hot Tub/Spa				
Other				

<b>Heaters</b>	Make	Model	BTU	Recovery Rate
Main Pool				
Wading Pool				
Hot Tub/Spa				
Other				

**BATH HOUSE FACILITIES:**

Will Bath House facilities be provided \_\_\_\_\_ If yes, complete chart below:

Shower rooms

Toilet rooms

Dressing rooms

Floors			
Walls			
Ceilings			
Ventilation			
Drainage			
Fixtures (M)			
Fixtures (F)			

**ADDITIONAL COMMENTS:**

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