

# 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 640  
Portland, Oregon 97232-2162  
Phone (971) 673-0448  
FAX (971) 673-0457

PLEASE COMPLETE A SEPARATE  
APPLICATION FOR EACH POOL (Review fee -\$300 per pool)

Checks Payable to "Oregon Health Authority."

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>Contact E-mail address</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>Cell Contact Number</b>		
<b>E-mail Address</b>	<b>FAX</b>		

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

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

<b>Office Use Only:</b>	
Plan Number	_____ - _____
Check Amount	Check Number
Variates	Variance #
Y ___ N ___	
<b>Acct #</b>	<b>Amt. \$</b>
50206-51157 2130	\$200.00
50206-51157 2135	\$100.00
Date Received (mm/dd/yyyy)	/ /

Type of Companion Facility: None \_\_\_ Motel/Hotel\_\_\_ Apartment\_\_\_ Condo\_\_\_

Mobile Home Park\_\_\_ Campground\_\_\_ Fitness\_\_\_ Other\_\_\_\_\_

**POOL BASIN:**

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\_\_\_\_\_ : or

GPM Approved	<b>Variable Frequency Drive Pump</b> – Normal Operating GPM_____ Operating Hours_____
	Proposed Minimum Operating GPM_____ Operating Hours_____

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\_\_\_ Other\_\_\_

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\_\_\_\_\_ **(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\* \_\_\_\_\_

**\*Show on plans, and provide equipment information. Ozone must be plan approved**

**Disinfectant feeder** - Make/Model\_\_\_\_\_ Cap.(ppm/pool volume/24 hr) \_\_\_\_\_

**ANSI/NSF Standard 50 Listed YES\_\_\_ (IF "NO" - PROVIDE STANDARD 50 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-total lumens\_\_\_\_\_ Overhead lighting – Lux/sq.ft. of deck \_\_\_\_\_**

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/Pool Owner\_\_\_\_\_ Date\_\_\_\_\_

**PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POOL  
PLEASE ATTACH FEES (\$300.00 per pool basin)  
PAYABLE TO THE "OREGON HEALTH AUTHORITY"**