

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
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**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*

Facility Name			
Address	City	State	Zip+4
County	Phone		

Owner			
Firm			
Address	City	State	Zip+4
Phone	FAX		

Architect / Engineer			
Firm			
Address	City	State	Zip+4
Phone	FAX		

Oregon Registered - Architect _____ Engineer _____

Builder		Project Contact Person	
Address	City	State	Zip+4
Phone	FAX		

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

Office Use Only:	
Plan Number	_____ - _____
Check Amount	Check Number
Variations	Variance #
Y__ N__	
Acct #	Amt. \$
71400-70512 2070	\$200.00
71400-70512 2135	\$100.00
Date Received (mm/dd/yyyy)	/ /
34-720 (01-11)	

**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"**