

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

State of Oregon  
Department of Human Services  
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*



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		

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

Office Use Only:	
Plan Number	
Check Amount	Check Number
Variances Y__ N__	Variance #
Reviewer's Initials	
Construction Permit #	
Date of Issue	

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

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

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**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 @0' TDH\_\_\_\_\_ @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.)\_\_\_\_\_

Shallow Pools and Spas - Entrapment Protection Method\_\_\_\_\_

**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 A ANSI/NSF 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 (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 - \$150.00 per variance request)**