



ENVIRONMENTAL HEALTH DIVISION
1203 Maple Street, 3rd Floor
Greensboro, NC 27405
(336) 641-3771

ARCHITECTURAL PLAN REVIEW APPLICATION POOL & SPA PLANS

Name of Pool/Spa	Site Location/Street Address
------------------	------------------------------

Contact Person/Title	Telephone	Email
----------------------	-----------	-------

Pool Contractor	Address	License Number
-----------------	---------	----------------

Telephone	Fax	Email
-----------	-----	-------

Person submitting plans	Telephone	Email
-------------------------	-----------	-------

GENERAL POOL INFORMATION:

Type: SWIM POOL ☐ WADING POOL ☐ SPA ☐ OTHER(specify)☐ _____

Construction: NEW ☐ RENOVATION ☐ REPAIR ☐

Water Supply: MUNICIPAL ☐ WELL WATER ☐

Sewage Disposal: MUNICIPAL ☐ SEPTIC TANK ☐

ELEVATIONS & SPECIFICATIONS SUBMITTED (check all that apply)

- | | |
|---|---|
| ☐ PUMP ROOM PLAN | ☐ PLUMBING PLAN |
| ☐ SITE PLAN | ☐ CHEMICAL STORAGE ROOM PLAN |
| ☐ FINISH SCHEDULES | ☐ FLOW SPECIFICATIONS |
| ☐ FENCING PLAN | ☐ LIGHTING PLAN |
| ☐ VENTILATION PLAN | ☐ BATH/SHOWER PLAN |
| ☐ EQUIPMENT SPECIFICATIONS | ☐ EQUIPMENT CUT SHEETS |

\$300.00 APPLICATION FEE INCLUDED WITH EACH POOL PLAN