

Environmental Health Division

Phone #: **Builder of Proposed Facility**

Name: ______Mailing Address: ______Phone #: ______

Food, Lodging, Institution and Swimming Pool Program 1203 Maple Street, 3rd Floor Greensboro, NC 27405

t:336.641.3771 f:336.641.4812 visit website

REQUIREMENTS FOR PLAN/PERMIT REVIEW

RESPONSIBLE PARTY	REQ	<u>UIREMENT</u>			
OWNER/GENERAL CONTRACTOR:		Site Plans, including pool, deck and any other appurtenant building. (3 copies)			
		Plans and layouts for the bathhouse, the equipment room, the chemical/storage room. (3 copies) Specifications for the water supply and wastewater disposal system. This would include aspects such as well location, sewage, and disposal where applicable. (3 copies)			
	This				
	A fencing detail, drawn to scale. (3 copies)				
	A lig	A lighting schedule if pool is open for night swimming. (3 copies)			
SWIMMING POOL COMPANY		Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fence.			
		Specifications of all treatment equipment used and their layout in the equipment room, include equipment cut sheets.			
	skim	One piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fitting and all other appurtenances connected to the pool piping system.			
NOTE: Plans shall be drawn to, and not	less than, one	eighth inch to	the foot scal	e.	
Name of Proposed Facility:					
Location of Proposed Facility:					
Type of Pool: Swim Pool Wadi					
Agency/Person Submitting Plans Name:				FEE SCHEDULE: \$300 per plan	
Mailing Address:Phone #:				-	
Owner of Proposed Facility Name:					
Mailing Address:				_	