

POOL/SPA/PIWF PLAN REVIEW APPLICATION

Completion of this form does not constitute authorization to open an establishment.

All establishments must be inspected and permitted prior to operation.

A Plan Review Fee (\$175) is required for EACH application.

Purpose of Application:

New Construction Major Remodel Change of Service Change of Ownership Advance Consultation

Type of Application: Commercial Pool/Spa/Public Interactive Water Feature

Site Type: (Check all that apply)

<input type="checkbox"/> School <input type="checkbox"/> Child/Adult Care Center <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Medical Facility <input type="checkbox"/> Church	<input type="checkbox"/> Mobile Home Park <input type="checkbox"/> H.O.A. <input type="checkbox"/> Apartment Complex <input type="checkbox"/> Camp Ground <input type="checkbox"/> Athletic Complex <input type="checkbox"/> Resort <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Golf Club <input type="checkbox"/> OTHER: _____
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Establishment and Owner Information:

Name of Establishment:	
Physical Address:	
Name of Owner:	
Owner's Mailing Address:	
Owner's Telephone:	Alternate #:
Owner's Email Address (Required):	

Applicant Information: Same as above

Applicant's Name:	
Title (owner, manager, contractor, etc.):	
Applicant's Telephone:	Alternate #:
Applicant Email Address:	
Projected Date for Start of Project:	
Projected Date for Completion of Project:	

Documentation required to be submitted with this application: *(Not applicable for requested advance consultation)*

<input type="checkbox"/> Floor Plan with All Required Contents of the Floor Plan Guidance Document.

OFFICE USE ONLY:

Date Received: _____	Pmt. Method: _____	Adv. Consult Fee(\$50): _____	Amt. Owed: \$ _____	Amend Fee: \$20 _____
Master File #: _____	Inv. #: _____	Program Element: 17P	Location Code: _____	District: _____
Fed. EIN: _____	501(c)(3): _____	DL/ID for personal check: _____	Ownership Info: _____	
Floor Plan Rec'd: _____	Rev. Floor Plan Req.: _____	Floor Plan Approved: _____	Issued to Inspector: _____	Date Issued to Inspector: _____

**COMMERCIAL POOL / SPA / PIWF
PLAN REVIEW GUIDANCE DOCUMENT**

- (1) Plans and specifications shall be prepared and stamped by a professional engineer of the state of Texas.**
- (2) Plans shall be submitted and drawn to scale and shall include:**
 - (a) One plan review.**
 - (b) One longitudinal section.**
 - (c) One transverse section through the main drain.**
 - (d) One overall plan showing the pool in relation to the other facilities in the area. (This plan may be combined with (2) (a) of this section.)**
 - (e) One detailed view of the equipment room layout.**
 - (f) One vicinity map.**
 - (g) One piping schematic showing piping size, inlets, main drains, skimmers, gutter outlets, vacuum fittings, and all other appurtenances connected to the pool piping system. (The plan may be a combination with (2)(a) of this section.)**
 - (h) One cross section of the step treads and risers.**
- (3) Plan notes such as “fence by owner” or “deck to be under separate contract” shall not be acceptable as a substitute for scale drawings. Fencing and decking must be clearly shown on site drawings.**
- (4) Plans shall include the following information in tabulated form:**
 - (a) Legal address of the facility.**
 - (b) Location of the facility if different from the legal address.**
 - (c) Owner’s name, address and telephone number.**
 - (d) Surface area of the pool.**
 - (e) Pool volume, turn over time, flow rate, filter rate/unit area, type of filter and total system head loss.**
 - (f) Manufacturer, make and model numbers of the pump, filter and automatic chemical feed apparatus, filter head loss (clean and dirty), and pump curve showing design flow rate and head.**
 - (g) Source of water used at the pool.**
 - (h) Means of disposing backwash water.**

Pool Name:		Location:	
Each item listed below must be completed before your application for a pool plan review will be accepted. Those items that do not apply, fill in NA (not applicable)			
1) PUMP (recirc)	Manufacturer:	Model #:	
	Horsepower:	GPM&60TGH:	
2) FILTER	Manufacturer:	Model #:	
	Sq. Ft.	Type:	
SKIMMER	Manufacturer:	Throat Width:	
4) MAIN DRAIN (label corresponding number on piping schematic)			
Manufacturer:	Type:	Open area:	
5) HYDROSTATIC RELIEF VALVE (SIZE)			
6) CHLORINATOR	Manuf:	Model #:	Type:
7) WATER HEATER	Manuf:	Model #:	Fuel:
	18" Metallic or CPVC Pipe	Safety pop off valve	
8) PIPING	Type:	Schedule:	NSF Approved:
	(Size)	a) Recirculation Returns:	
		b) Main Drain (VGB compliant):	
		C) Skimmer:	
		D) SVRD – AVR (Anti entrapment Device):	
9) FLOW METER	Size:	Flow range (gpm)	
10) DECK MATERIAL:			
11) UNDERWATER LIGHT (wattage):	GFCI	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Name of Engineer:	Phone:		
13) Builder Company Name:	Phone:		