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)

<table>
<thead>
<tr>
<th>School</th>
<th>Child/Adult Care Center</th>
<th>Mobile Home Park</th>
<th>H.O.A.</th>
<th>Apartment Complex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
<td>Assisted Living</td>
<td>Camp Ground</td>
<td>Athletic Complex</td>
<td>Resort</td>
</tr>
<tr>
<td>Medical Facility</td>
<td>Church</td>
<td>Hotel</td>
<td>Motel</td>
<td>Golf Club</td>
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<tr>
<td>OTHER: ______________</td>
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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)
- [ ] 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:_____


Floor Plan Rec’d:___ Rev. Floor Plan Req.:___ Floor Plan Approved:___ Issued to Inspector:___ Date Issued to Inspector:______

NET Health E-016 (06-17)
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 | YES | NO |

12) Name of Engineer:  |
| Phone: |

13) Builder Company Name:  |
| Phone: |