

151 N. Main Street Environmental Health, Suite 140 Tooele, Utah 84074 Phone (435) 277-2440 • Fax (435) 277-2444 eh@tooelehealth.org

Plan Review Application for Swimming Pool/Spa

FACILITY NAME:	
FACILITY ADDRESS:	
PHONE #:	
OWNER:	
MAILING ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:
ENGINEER/ARCHITECT NAME:_	
PHONE NUMBER:	EMAIL ADDRESS
CONTRACTOR NAME:	
PHONE NUMBER:	EMAIL ADDRESS:
PERSON TO RECEIVE PLAN RE	EVIEW CORRESPONDENCE:
PHONE NUMBER:	EMAIL ADDRESS:
TYPE AND QUANTITY OF POOL: SWIM	MING POOL QTY: SPA QTY: SPLASH PAD QTY:
POOL LOCATION (Indoor or Outdoor): _	OPERATNG (Seasonal or Year-Round):
ITEMS THAT MUST BE SUBMITTED:	
☐ 1 Set of full-size plans ☐ 1 Set of	of Electronic PDF plans
	ing: total dynamic head, return loop head loss, estimated flow s, maximum flow rate and main drain calculations
A pre-gunite inspection must be perinspection must be performed before	erformed before gunite can be installed. A final construction ore the pool is permitted to open.
plans and that construction will not begin	named pool(s) will be constructed as specified in the submitted and approved until plans have been reviewed and approved. Applicant agrees that ated on compliance with Utah Code R392-302 (Swimming pool design, s).
APPLICANTS SIGNATURE:	DATE:
OFFICE USE ONLY	
Permit Fee:	Permit Number:
Sampling Fee:	Permit Expires:
# Of Samples:	Receipt#:
Total due:	Date: