



Public Swimming Pool HEALTH PERMIT APPLICATION

- All establishments must be inspected and permitted prior to operation.
- A plan review fee of \$175 is required for each application

Purpose of Application

- New Construction Major Remodel Change of Service Change of Ownership

Establishment and Owner Information

Name of Establishment: _____

Physical Address: _____

Name of Owner: _____

Owner Mailing Address: _____

Owner Telephone: _____

Alternative #: _____

Owner Email Address: *(Required)* _____

Applicant Information Same as above

Applicant Name: _____

Title (owner, manager, contractor, etc.): _____

Applicant Telephone: _____

Alternative #: _____

Applicant Email Address: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Include the following information for your application review. All information is required prior to the plan review.

1. Pump

Manufacture: _____

Model Number: _____

Horepower: _____

GPM: _____

2. Filter

Manufacture: _____

Model Number: _____

Square Feet: _____

Type: _____

3. Skimmer

Manufacture: _____

Throat Width: _____

4. Main Drain – Label corresponding number on piping schematic

Manufacture: _____

Type: _____

Open Area: _____

5. Hydrostatic Relief Valve (size): _____

6. Chlorinator

Manufacture: _____

Model Number: _____

Type: _____

7. Water Heater

Manufacture: _____

Model Number: _____

Fuel: _____

Circle One: 18" Metallic or CPVC Pipe

Safety pop off valve? Yes No

8. Piping

Type: _____

Schedule: _____

NSF Approved: _____

Recirculation Return Size? _____

Main Drain Size? _____

VGB Compliant? Yes No

Skimmer Size? _____

9. Flow Meter

Size: _____

Flow Range: _____

10. Deck Material

What is the deck made of? _____

11. Underwater Lights

Wattage: _____

GFCI: YES NO

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Angelina County and Cities Health District (ACCHD) may nullify final approval.

Signature(s): _____

Title(s): _____ Date: _____