



ENVIRONMENTAL HEALTH DIVISION
ARCHITECTURAL PLAN REVIEW APPLICATION
POOL & SPA PLANS

DATE: _____

Name of Pool/Spa _____ **Site Location/Street Address** _____

Contact Person/Title _____ **Telephone Number** _____

Pool Contractor _____ **Address** _____ **Phone** _____ **License Number** _____

PLANS SUBMITTED BY: _____

TELEPHONE NUMBER: _____

GENERAL POOL INFORMATION:

Type: SWIM POOL WADING POOL SPA OTHER (circle one)

Construction: NEW RENOVATION REPAIR (circle one)

Water Supply: MUNICIPAL WELL WATER (circle one)

Sewage Disposal: MUNICIPAL SEPTIC TANK (circle one)

ELEVATIONS & SPECIFICATIONS SUBMITTED (circle all that apply)

PUMP ROOM PLAN _____	PLUMBING PLAN _____
SITE PLAN _____	CHEMICAL STORAGE ROOM PLAN _____
FINISH SCHEDULES _____	FLOW SPECIFICATIONS _____
FENCING PLAN _____	LIGHTING PLAN _____
VENTILATION PLAN _____	BATH/SHOWER PLAN _____
EQUIPMENT SPECIFICATIONS _____	EQUIPMENT CUT SHEETS _____

\$300.00 APPLICATION FEE INCLUDED WITH EACH POOL PLAN

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(336) 641-6026. Director, Environmental Health