



**Environmental Health Division**

Food, Lodging, Institution and Swimming Pool Program  
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[www.co.guilford.nc.us/ehindex.html](http://www.co.guilford.nc.us/ehindex.html)

**REQUIREMENTS FOR PLAN/PERMIT REVIEW**

- OWNER/GENERAL CONTRACTOR:** Site Plans, including pool, deck and any other appurtenant building. (3 copies)
- SWIMMING POOL CO:** Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fence.
- OWNER/GENERAL CONTRACTOR:** Plans and layouts for the bathhouse, the equipment room, the chemical/storage room. (3 copies)
- SWIMMING POOL CO:** Specifications of all treatment equipment used and their layout in the equipment room, include equipment cut sheets.
- SWIMMING POOL CO:** One piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fitting and all other appurtenances connected to the pool piping system.
- OWNER/GENERAL CONTRACTOR:** Specifications for the water supply and wastewater disposal system. This would include aspects such as well location, sewage, and disposal where applicable. (3 copies)
- OWNER/GENERAL CONTRACTOR:** A fencing detail, drawn to scale. (3 copies)
- OWNER GENERAL CONTRACTOR:** A lighting schedule if pool is open for night swimming. (3 copies)
- OWNER/GENERAL CONTRACTOR & SWIMMING POOL CO:**
- NOTE: Plans shall be drawn to not less than one eighth inch to the foot scale.**

Name of Proposed Facility: \_\_\_\_\_  
Location of Proposed Facility: \_\_\_\_\_  
Type of Pool: Swim Pool \_\_\_\_\_ Wading Pool \_\_\_\_\_ Spa \_\_\_\_\_ Other \_\_\_\_\_

**Agency/Person Submitting Plans:**

Name:  
Mailing Address:  
Phone:

**FEE SCHEDULE:  
\$300 per plan**

**Owner of Proposed Facility:**

Name:  
Mailing Address:  
Phone:

**Builder of Proposed Facility:**

Name:  
Mailing Address:  
Phone: