

APPLICATION FOR
SWIMMING POOL PLAN REVIEW

NAME OF POOL(s) _____

LOCATION OF POOL(s) _____
(Address) (City)

OWNER OF POOL(s) _____

Person Submitting Plans _____ Phone Number _____

SEND PLAN REVIEW TO:

Business Name _____

Attention To _____

Address _____
(Address) (City) (Zip)

The Review fee is determined by (1) The number of bodies of water to be reviewed, and
(2) The length of time before the completed review will be received.

Standard Fee Expedited Fee
(Within 10 Business Days) (Within 3 Business Days)

Total Bodies of Water _____ X \$350 (or) \$700 = \$ _____ (Total Due)

I hereby affirm that the above named pool(s) will be constructed as specified in the submitted plans, and that construction will not begin until a plan review has been completed. Any alterations of the pool(s) must be resubmitted to the Health Department for approval. I also affirm that I have been made aware of the penalties mentioned below.

*A penalty of 100% of the permit fee will be charged for an establishment that **starts operation** without an annual pool permit.*

Signature _____ Date _____

Utah County ID Number(s) _____

CDP Permit Number(s) _____

Payment Received By: _____

Payment Date: _____

Cash Check Credit/Debit