

## POOL/SPA PLAN REVIEW CHECK LIST

POOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SEND REVIEW TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*  
(for office use only)

The plan review fee is determined by body of water.

<b>Bodies of Water</b>	<b>Fee</b>	
1 - swimming pool/spa	\$ 265.00	<input type="checkbox"/>
2 - swimming pool/spa(s)	\$ 530.00	<input type="checkbox"/>
3 - swimming pool/spa(s)	\$ 795.00	<input type="checkbox"/>

Additional bodies of water @ \$265.00 each \_\_\_\_\_

**Plan Review information entered on computer**

Received by: \_\_\_\_\_

Date paid: \_\_\_\_\_