USE THIS PACKET TO HAVE PLANS FOR CONSTRUCTING OR REMODELING A SWIMMING POOL OR SPA REVIEWED AND APPROVED BY THE DEPARTMENT.

INSTRUCTIONS
The following must be submitted to process your plan review request:

1. Completed plan review application
2. Plans of pool and associated facilities prepared or approved by a registered professional engineer, demonstrating compliance with ALL requirements set forth in the Colorado SWIMMING POOL AND MINERAL BATH REGULATIONS (5 CCR 1003-5, Effective April 30, 1998)
3. Equipment specification sheets for heaters, pumps, filters and disinfection units.
4. Other required documents as listed on the application.

FEE All Pools and Spas - $85.00/Hour – Up to $425.00 maximum review fee (Will be billed to contact indicated at time of plan approval)

NOTE
Approval of this Department is required for the construction of all PUBLIC and SEMI-PUBLIC POOLS in Larimer County. PRIVATE pools such as those at homeowners associations, condominium and apartment complexes that are not rented to the public for a period less than 30 days are exempt from this requirement. However, the Department will perform such a review upon submission of this packet, fee, and the appropriate drawings and plans if desired.

PROCESSING TIME
Please allow 7-14 business days for review. Incomplete applications or missing plans or documents will delay this process.

The primary contact person shown on this application will be notified upon completion of the review, and a letter stating conditional approval, or denial, will be sent. Stamped plans will be retained for no more than 30 days after approval.

CONTACT
Plans and completed form may be emailed, mailed, or hand delivered;
Chris Manley, manleycj@co.larimer.co.us, 970.498.6784
FACILITY NAME:  ____________________________________________________

FACILITY ADDRESS:  ____________________________________________________

TYPE OF FACILITY (check ONLY one)
□ Public  (recreation center, public park)
□ Semi-public  (hotel/motel, mobile home park, child care center)
□ Semi-public  (health club or spa - open to members and guests only)
□ Private  (apartment, condominium, or multi-family complex that are not short term rented <30 days at a time)

POOL OPERATION:  □ Seasonal  □ Year-round

TYPE OF CONSTRUCTION:  □ New  □ Remodel

CONTACT INFORMATION

Primary: ____________________________________________________
Address: ____________________________________________________
City/ST/Zip: ____________________________________________________
Phone (_____)_________  Email: ______________________________________

Designer: ____________________________________________________
Address: ____________________________________________________
City/ST/Zip: ____________________________________________________
Phone (_____)_________  Email: ______________________________________

Owner: ____________________________________________________
Address: ____________________________________________________
City/ST/Zip: ____________________________________________________
Phone (_____)_________  Email: ______________________________________

Billing Contact:  □ Primary  □ Designer  □ Owner

ESTIMATED OPENING DATE FOR FACILITY: ________________
POTABLE WATER SUPPLY
Water service must be provided either by a public water district or another source which has been approved as a non-community water system and assigned a public water system identification number (PWSID).

Please indicate the source of water for the facility:

( ) NON-COMMUNITY SOURCE
   Provide PWSID number __________________________

( ) PUBLIC WATER SYSTEM
   Name of Water District __________________________

WASTEWATER DISPOSAL
Wastewater disposal must be provided either by a public sewer system or an individual sewage disposal system that has been designed and approved for that purpose.

Please indicate the method of wastewater disposal for the facility.

( ) ONSITE WASTEWATER TREATMENT SYSTEM
   Provide permit number __________________________

( ) PUBLIC SEWER SYSTEM
   Name of Sewer District __________________________

CONSTRUCTION SPECIFICATIONS

DRESSING ROOMS/SHOWER FACILITIES

WILL SHOWER FACILITIES BE PROVIDED?
( ) NO – Location of bather showers (guest rooms, etc.) : ________________________________

( ) YES – complete chart below

<table>
<thead>
<tr>
<th></th>
<th>Shower rooms</th>
<th>Restrooms</th>
<th>Dressing Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floors (construction)</td>
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<tr>
<td>Walls (construction)</td>
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<tr>
<td>Ceilings (construction)</td>
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<tr>
<td>Fixtures – (Mens Rm)*</td>
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<tr>
<td>Fixtures – (Womens Rm)*</td>
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</tbody>
</table>
How will hot water for shower & restroom fixtures be provided?
- Pool heater will provide hot water
- Hot water from external source (hotel boiler, etc)
- Separate water heater – provide specification sheet that includes efficiency and rate of recovery

### MECHANICAL SCHEDULE

#### PUMPS

<table>
<thead>
<tr>
<th>Aquatic Venue</th>
<th>Make</th>
<th>Model</th>
<th>HP</th>
<th>Capacity (GPM)</th>
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<tbody>
<tr>
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#### HEATERS

Please provide the following information regarding the pool heaters(s):

<table>
<thead>
<tr>
<th>Aquatic Venue</th>
<th>Make</th>
<th>Model</th>
<th>BTU</th>
<th>Recovery Rate</th>
</tr>
</thead>
<tbody>
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#### FILTERS

Please provide the following information regarding the pool filters(s):

<table>
<thead>
<tr>
<th>Aquatic Venue</th>
<th>Make</th>
<th>Model</th>
<th>Type*</th>
<th>Capacity (GPM)</th>
</tr>
</thead>
<tbody>
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* Filter types are:
- DE (Diatomaceous earth)
- CT (Cartridge)
- SF (Sand filter)
- OT (Other – specify)
DISINFECTION

DISINFECTION CHEMICAL USED:
(   ) Chlorine           (   ) Bromine           (   ) Ozone
(   ) Other (specify) ________________________________

METHOD OF DISINFECTION (check one):
(   ) Gas* Make_________________ Model__________________
(   ) Erosion Make_________________ Model__________________
(   ) Hypo Make_________________ Model__________________
(   ) Other (specify) ______________________________________

* The use of gas disinfection units requires a separate room for the cylinders and feed mechanisms as well as the provision of specific safety equipment. You must also include plans and specifications for such a room and required equipment with this application. Notification of the local fire department and Local Emergency Planning Committee (LEPC) is also required.

TERMS AND CONDITIONS OF APPLICATION

In applying for this swimming pool plan review, I hereby authorize the health officer and/or their representative to determine compliance with the SWIMMING POOLS AND MINERAL BATH REGULATIONS of the state of Colorado for the purpose of constructing a swimming pool.
I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this proposed pool/spa.

*Fees for plan review and inspection time are billed hourly at a rate of $85/Hour. All fees are due at the time of approval to open by the Department.

__________________________  __________________________
OWNER / APPLICANT / AGENT    DATE
Complete one for each Aquatic Venue with a separate filtration system.

Aquatic Venue #____

**Water surface:** TOTAL SURFACE AREA _________ sq ft
- Length: _________ ft
- Width: _________ ft
- Depth: Minimum _____ Maximum_____ ft

**Decks:**
- Provide minimum 5 feet of clearance from pool edge? yes____ no____
- Finish ______________
- Slope of decks ______ direction of slope (i.e. toward drains, towards landscaping)_______________________
- Deck drains provided? yes_____ no____ Type _________
- Depth markers provided? Wall yes____ no____
- Deck yes____ no____
- 4" letter size yes____ no____

**Emergency Shutoff** (secure and accessible): yes____ no____

**Hose bibbs:** Provided at least every 100’ of deck perimeter? yes____ no____

**Makeup Water/Fill:** Fill Spout with air gap provided (at least two times the diameter of the fill pipe)
- yes ________ no____

**Backflow Preventer:** (required if no fill spout present, must be reduced pressure zone assembly) (RP)
- yes____ no____
- Model ______________ Location ______________

**Waste Disposal:** Backwash to sanitary sewer? yes____ no____

**Skimmers:** Number______ Make________________ Model __________________
- Size_____________ gpm rating per skimmer ___________

**Venue capacity:** _________ gallons

**Turnover rate:** _________ hours

**Bather load:** _________ persons

**Interior surface finish:**
- ( ) Concrete (painted and sealed)
- ( ) Tile
- ( ) Pre-formed synthetic liner
- ( ) Other __________________________

[CONSTRUCTION SPECIFICATIONS]
Drains:
Two main drains must be provided.
Main drain: Size ____________ Pipe diameter ____________
Main drain cover: Manufacturer __________ Model __________ Drains must be VGB compliant.
Effective open area in main drain cover (in square inches) _______

Wall Inlets:
Wall inlets: Number _____ Discharge depth (min 12”) _______ Distance between inlets (max 15’) ______ Wall inlets must have adjustable directional flow capability.

Spray Pads:
Length: _______ ft
Width: _______ ft
Shape: _______ ft
Capacity of Cistern (If Used): _________ gals Location of Cistern: _______________
Is Cistern equipped with an automatic fill device? yes_____ no_______
UV to be used? yes _____ no _____ Model: ______________

Underwater lighting? ( ) NO ( ) YES

Water features? ( ) NO ( ) YES (list below)
____________________________________________________________
____________________________________________________________