Ohio Department of Health Application For Plan Review Public Swimming Pool/Spa

Pool Type Setting / Subtype Special Feature Construction Type Outdoor Indoor □ Wading pool □ Zero Entry □ Spray Ground □ Kiddie slide Action governed by Ohio Revised Code Chapter 3749 □ School 🗆 Govt □ New □ Playground slide D POOL D POOL This application is required to be submitted with plans and the Substantial Alteration Camp □ Apartment/Condo □ Rec slide □ SPA □ SPA associated fees in accordance with Chapter 3749.03(A) of the □ Hotel/motel □ HOA □ Water slide □ SUP □ SUP Ohio Revised Code and rule 3701-31-05(D)(3) of the Ohio □ Other Fountain Administrative Code prior to beginning work. Other Local Health District County Facility Name Designer Street Address Street Address City State ZIP City State ZIP OH Facility Phone Number E-mail Designer Phone Number E-mail Owner Contractor Street Address Street Address City State ZIP City State ZIP Contractor Phone Number **Owner Phone Number** E-mail E-mail

Plan Review Fee Schedule	Rev. Code A/R2130
A. Total project cost of proposed construction and installation (includes equipment, materials, the deck, the perimeter fence, or structures and ancillary buildings).	
B. If the pool surface area is less than 2000 sq. ft. enter \$1,662.00 for each pool. This fee includes up to two inspections per rule 3701-31-05.	
C. If the pool surface area is 2000 sq, ft. or more, enter \$2578.00 for each pool. This fee includes up to two inspections per rule 3701-31-05.	
D. Special feature \$1662.00 each. This fee includes up to two inspections per rule 3701-31-05.	
E. If the cost and installation above is less than \$5000.00, enter the minimum plan review fee , \$832.00. This fee includes no inspection .	
F. A \$373.00 fee will be assessed to the owner for each inspection in excess of those required in rule 3701-31-05.	
Note - Every pool with a separate circulation system requires payment of a fee. For equipment changes of pump, filter or disinfectant unit use, Equipment Replacement Notification report, HEA 5234.	Total Fees

Individual to be contacted for questions regarding this proposal (please print).

Name	Phone number	FAX number
		E-mail

I certify that the foregoing data is a true statement of facts pertaining to this project as it is to be constructed.

Owner	Date of signature

Must be signed by owner or owner's agent must provide written authorization from owner.

The owner hereby agrees to construct the project in accordance with the approved plans and data sheets. Please make check payable to TREASURER, STATE OF OHIO.

Mailing address Ohio Department of Health Revenue Processing BEH, Engineering Program 246 North High Street Columbus, Ohio 43215-0278 Walk-in address Ohio Department of Health Revenue Processing 246 North High Street Columbus, Ohio 43215-0278 **Engineering Phone No:** (614) 644-7527

Public Swimming Pools, Spas and Special Use Pools

Each plan submittal shall include the following prior to the start of the plan review per OAC 3701-31-05.

- 1. This **application form (HEA 5215)**, signed, and with the appropriate fee payable to: "Treasurer, State of Ohio."
- 2. Four sets of complete plans (one if submitted electronically*) including:
 - a) Four data sheets (HEA 5214) for each project for which a fee is to be paid; signed by the designer or consulting engineer*, with one set of technical literature and specifications;
 - b) A vicinity map with specific directions to the project site;
 - c) A site plan of the project and significant details, including property lines, elevations, fencing and north arrow;
 - d) Provide detailed drawings**, to scale, as follows:
 - A plan view of the pool including the deck area and fixtures, (diving area, slides, ladders, stairs, steps ramps, fencing and north arrow);
 - A cross-section view of the pool, including depths and other dimensions;
 - · Details of construction, materials used and finish of the pool;
 - A pipe schematic for the recirculation, disinfection and applicable hydrotherapy systems; all inlet and outlet fixtures and all pipes and pipe sizes shall be labeled;
 - A layout of the filter room; all pipes, equipment and valves shall be labeled; show the source supply of fill water with applicable back siphonage protection and show the terminus for filter back-wash water or draining the pool (shall be to a sanitary sewer or other approved means);
 - e) Complete information relating to installation, safe use, and safe operation of water slides, fountains or other special features.

Reproductions from other documents are acceptable if legible. Drawings should be to scale and legible.

Notes

* Applications can be submitted online k]h. VfYX]h#XYV]hWfX`dUna Ybhat www.healthspace.com/OHePay"

- * To obtain building permits from a certified local building department or the Bureau of Construction Compliance of the Ohio Department of Commerce plans shall be signed and sealed by a professional engineer or an architect registered in Ohio.
 - Other additional information may be requested during review of the plans.
 - Provide complete information as required on forms including work that may be done by others.
 - Incomplete submittals will cause reviewing delays or the return of your plans.