

Ohio Department of Health

Application For Plan Review

Public Swimming Pools and Spas

ODH File No. _____

Type of Project		
Outdoor		Indoor
1. <input type="checkbox"/> Pool (OP)		5. <input type="checkbox"/> Pool (IP)
2. <input type="checkbox"/> Spa (OS)		6. <input type="checkbox"/> Spa (IS)
3. <input type="checkbox"/> Wading Pool (OWP)		7. <input type="checkbox"/> Wading Pool (IWP)
4. <input type="checkbox"/> Diving Pool (ODP)		8. <input type="checkbox"/> Diving Pool (IDP)
		Special
		9. <input type="checkbox"/> Special Use Pool (SUP)
		10. <input type="checkbox"/> Special Feature (SF)

ApplicationType
<input type="checkbox"/> New <input type="checkbox"/> Renovation

Action governed by Ohio Revised Code Chapter 3749

County	Local Health District
Project Name	Designer
Street Address	Street Address
City, State, ZIP	City, State, ZIP
Project Phone Number	Designer Phone Number

Owner	Contractor
Street Address	Street Address
City, State, ZIP	City, State, ZIP
Owner Phone Number	Contractor Phone Number

Plan Review Fee Schedule

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 \$1,408.00 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 \$2232.00 for each pool. This fee includes up to two inspections per rule 3701-31-05.	\$
D. Special feature \$1408.00 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 , \$655.00. This fee includes no inspection .	\$
A \$291.00 fee will be assessed to the owner for each inspection in excess of those required in rule 3701-31-05.	Total Fees
	\$

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 form.

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

Name	Phone number	FAX number

I certify that the foregoing data is 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
(name of program optional)
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) 466-1390

Public Swimming Pools, Spas and Special Use Pools

(Ohio Administrative Code 3701-31-05)

Each plan submittal shall include the following prior to the start of the plan review.

1. This **application form (HEA 5215)**, signed, and with the appropriate fee payable to: "Treasurer, State of Ohio."
2. Four sets of complete plans 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

- * 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.