



DAVIDSON COUNTY HEALTH DEPARTMENT

Protecting, Caring, Serving Our County

Lillian Koontz, MPA, REHS
HEALTH DIRECTOR

Rebecca Daley, RN, MHA
CHAIR, BOARD OF HEALTH

Michael Garrison, MD
MEDICAL DIRECTOR

ARCHITECTURAL PLAN REVIEW APPLICATION POOL & SPA PLANS \$250.00 Application Fee Included with each pool plan

DATE: _____

NAME OF POOL/SPA: _____

STIE LOCATION/STREET ADDRESS _____

CONTACT PERSON/TITLE _____

CONTACT PHONE NUMBER _____

POOL CONTRACTOR NAME _____

POOL CONTRACTOR ADDRESS _____

CONTRACTOR PHONE NUMBER _____

LICENSE NUMBER _____

PLANS SUBMITTED BY: _____ TELEPHONE _____

GENERAL INFORMATION

TYPE: SWIMMING POOL WADING POOL SPA OTHER (Circle One)

CONSTRUCTION: NEW RENOVATION REPAIR (Circle One)

WATER SUPPLY: MUNICIPAL WELL WATER (Circle One)

SEWAGE DISPOSAL: MUNICIPAL SEPTIC TANK (Circle One)

ELEVATIONS & SPECIFICATIONS SUBMITTED

(Check all that apply)

PUMP ROOM PLAN____

SITE PLAN____

FINISH SCHEDULES____

FENCING PLAN____

VENTILATION PLAN____

EQUIPMENT SPECIFICATIONS____

PLUMBING PLAN____

CHEMICAL STORAGE ROOM PLAN_

FLOW SPECIFICATIONS____

LIGHTING PLAN____

BATH/SHOWER PLAN____

EQUIPMENT CUT SHEET____

A set of plans need to be submitted to Building Inspections