



**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  
\$200.00 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**\_\_\_\_    **PLUMBING PLAN**\_\_\_\_  
**SITE PLAN**\_\_\_\_    **CHEMICAL STORAGE ROOM PLAN**\_\_\_\_  
**FINISH SCHEDULES**\_\_\_\_    **FLOW SPECIFICATIONS**\_\_\_\_  
**FENCING PLAN**\_\_\_\_    **LIGHTING PLAN**\_\_\_\_  
**VENTILATION PLAN**\_\_\_\_    **BATH/SHOWER PLAN**\_\_\_\_  
**EQUIPMENT SPECIFICATIONS**\_\_\_\_    **EQUIPMENT CUT SHEET**\_\_\_\_

*A set of plans need to be submitted to Building Inspections*