



# Cleveland County

NORTH CAROLINA

## APPLICATION FOR APPROVAL TO CONSTRUCT OR RENOVATE A PUBLIC SWIMMING POOL

**A \$250 fee is required with each completed application.**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_

### Type of Plan Review:

New Construction       Remodel       Other

### Type of Pool:

Swimming Pool       Spa/Hot Tub       Wading Pool  
 Special Purpose or Therapy Pool  
 Water Recreation Attraction (please specify): \_\_\_\_\_

### Community Served (please check all that apply):

Fitness/Athletic       Swim Club       Spa Institution       Hotel/Motel  
 Subdivision/Apartment Complex       Institution  
 Other: \_\_\_\_\_

### Select All That Apply:

Indoor       Outdoor       Year-Round       Seasonal (April 1-October 31)

Water Supply:       Public/Municipal       Private Water Supply

Sewage Disposal:       Public/Municipal       On-site Wastewater System

Pool overflow and backwash to: \_\_\_\_\_

<b>Owner:</b> _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

<b>Contractor:</b> _____
Contractor's Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
<i>*Pools shall be constructed by a contractor licensed by NC Licensing Board for General Contractors as required by G.S. 87-1</i>

<b>Engineer:</b> _____
Engineer's Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
<i>* Pool plans and specifications shall be prepared by a registered design professional as required by G.S. 89C Engineering or G.S. 83A Architecture</i>

**The owner shall submit:**

- A minimum of two complete sets of plans for review. Plans shall be drawn to scale. All prints and drawings shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. Plans shall include:
  1. Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
  2. Specifications of all treatment equipment used and their layout in the equipment room;
  3. A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
  4. Layout of the chemical storage room; and
  5. Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.
- Plan review fee payment of \$250.00
- Application for approval to construct or renovate a public swimming pool.
- Specification documents submitted for:                      If Applicable:

<input type="checkbox"/> Circulation Pump <input type="checkbox"/> Filter <input type="checkbox"/> Automatic Chemical Feeder <input type="checkbox"/> Skimmers <input type="checkbox"/> Equalizer Suction Outlet Cover <input type="checkbox"/> Return Flow Meter <input type="checkbox"/> Main Drain Covers/Grates <input type="checkbox"/> Adjustable Inlets	<input type="checkbox"/> Pool Heater <input type="checkbox"/> Slide <input type="checkbox"/> Diving equipment <input type="checkbox"/> Surge Container <input type="checkbox"/> Variable Height Surface Skimmer <input type="checkbox"/> Water Recreation Features <input type="checkbox"/> Feature Pump
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**POOL:**

Will pool be lifeguarded?  Yes  No

Number of units of life saving equipment: Ring Buoy & Body Hook: \_\_\_\_\_ of each

Location of emergency pool phone: \_\_\_\_\_

Pool Surface Area: \_\_\_\_\_ sq.ft.

Pool Perimeter: \_\_\_\_\_ ft.

Volume: \_\_\_\_\_ gallons

Turnover Rate: \_\_\_\_\_ GPM

Maximum User Loading for Pool: \_\_\_\_\_

Materials of Construction:

Pool Shell:  Concrete  Vinyl  Gunite  Fiberglass

Other: \_\_\_\_\_

Pool Finish Color: \_\_\_\_\_

Pool Surface Finish Slip Resistant?  Yes  No

Shallow Area Depth: \_\_\_\_\_ ft.

Pool Area <5ft deep: \_\_\_\_\_ sq. ft. Slope in <5ft deep: \_\_\_\_\_

Pool Area >5ft deep: \_\_\_\_\_ sq. ft. Slope in >5ft deep: \_\_\_\_\_

Number of Skimmers: \_\_\_\_\_

Number of Inlets: \_\_\_\_\_

Skimmer Pipe Size \_\_\_\_\_ in.

Inlet Pipe Size: \_\_\_\_\_ in.

Max GPM Equalizer Cover Can Handle: \_\_\_\_\_

Main Drain Size: \_\_\_\_\_ sq. in. Max GPM Main Drain Cover Can Handle: \_\_\_\_\_

Main Drain Pipe Size: \_\_\_\_\_ in.

Hydrotherapy Drain Size (if available): \_\_\_\_\_ sq.in.

Max GPM Hydrotherapy Drain Cover Can Handle: \_\_\_\_\_

Hydrotherapy Drain Pipe Size: \_\_\_\_\_ in.

Feature Drain Size (if available): \_\_\_\_\_ sq. in.

Max GPM Feature Drain Cover Can Handle: \_\_\_\_\_

Feature Drain Pipe Size: \_\_\_\_\_ in.

Filter Flow Rate: \_\_\_\_\_ GPM per sq. ft. of bed area

Type of Disinfectant:  Chlorine  Bromine  Saltwater System  Biguanide

Number of ladders provided: \_\_\_\_\_ Sets of steps and handrails provided: \_\_\_\_\_

Nighttime Swimming:  Yes  No

Underwater Lighting (if provided): \_\_\_\_\_ watts/sq. ft of water surface  
\_\_\_\_\_ lumens/sq. ft of water surface

Will Deck Lighting be provided?  Yes  No

*If deck lighting is provided for night swimming, then it must meet rule .2524*

Decking:

Type: \_\_\_\_\_

Finish: \_\_\_\_\_

Slope: \_\_\_\_\_

Barrier Fence:

Fence/entrance gate detail drawn on plan?  Yes (skip to next section)  
 No (provide fence schematic)

Type: \_\_\_\_\_ Fence Height: \_\_\_\_\_ ft.

Type of Release Mechanism on Access Gate(s): \_\_\_\_\_

Height of Release Mechanism on Access Gate(s): \_\_\_\_\_ in.

**RESTROOMS AND SHOWERS:**

Number or fixtures provided: \_\_\_\_\_

Males

Showers: \_\_\_\_\_

Lavatories: \_\_\_\_\_

Water Closets: \_\_\_\_\_

Urinals: \_\_\_\_\_

Females

Showers: \_\_\_\_\_

Lavatories: \_\_\_\_\_

Water Closets: \_\_\_\_\_

Bench or room provided for dressing?  Yes  No

Are showers provided on the pool deck enclosure?  Yes  No

Are showers drained to sanitary sewer?  Yes  No

*Shower(s) are required so that bathers may shower before entering the pool. For use as a cleansing shower, soap must be provided and shower(s) must drain to sanitary sewer or onsite wastewater system. Extra rinse showers and foot showers may deviate from these requirements.*

**CHEMICAL AND EQUIPMENT ROOM:**

Chemical Room Dimensions: \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ height

Shelf provided

Lighting

Type of Ventilation  Natural Cross Draft  Continuous Forced

Vented away from pool

Equipment Room Dimensions: \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ height

Lighting

Floor drain to sanitary sewer

Floor sloped not less than ¼ inch to drain

Type of Ventilation:  Natural Cross Draft  Continuous Forced

Vented away from pool

**CALCULATIONS:**

POOL PERIMETER:

SURFACE AREA:

VOLUME (in gallons):

FLOW RATE (gpm):

TURNOVER RATE:

BATHER LOAD:

**RESPONSIBILITY:**

**The Department** shall approve, disapprove or provide written comments on plans and specifications for public swimming pools within 30 days of their receipt. If such action is not taken within 30 days, the plans and specifications are deemed approved. If construction is not initiated within one year from the date of approval, the approval is void.

**The Swimming Pool Contractor** shall contact the local health department when pool pipes are in place and visible so that the local health department may conduct an open-pipe inspection of the pool piping. Upon completion of construction, the contractor shall notify the local health department and the owner. The contractor shall provide the owner with a complete set of drawings, which show built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.

Prior to issuances of the operation permit, **The Owner** shall submit to the local health department a statement signed by a registered design professional stating that construction is complete and in accordance with approved plans and specification and approved modifications.

Omissions or non-compliance with the .2500 NC Public Swimming Pool Rules will result in plans being disapproved. No construction shall be initiated until plans are approved. If construction is not initiated within one year after plan approval, the approval is void. Any deviation from approved plans without prior approval from the Department will void approval.

*Review and approval of these plans and specifications by the Cleveland County Environmental Health does not indicate compliance with any other federal, state, or local code, law or regulation. You will be responsible for obtaining approval from appropriate zoning and building inspection departments. Their numbers are included below to assist you.*

**ZONING / BUILDING INSPECTION**

Shelby 704-484-6805  
Kings Mountain 704-734-4599  
Cleveland County 980-484-4975/4997

**FIRE MARSHALLS**

704-484-6816  
704-734-0555  
980-481-4841

If your business will be located in any jurisdiction other than those listed above, please check with your city manager and/or town hall for permitting assistance.

**Date Application Submitted:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**APPLICATION AND PAYMENT CAN BE SUBMITTED IN PERSON OR BY MAIL TO:**

Cleveland County Permits Office  
1333 Fallston Road  
Shelby, NC 28150

\*\*\* Please call 980-484-4779 to arrange for submission and payment of fees\*\*

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