

SWIMMING POOL PLAN REVIEW APPLICATION

INCLUDING WADING, THERAPY, SPA, AND PLUNGE POOLS

Minnesota Department of Health
 Steve Klemm - Swimming Pool Engineer
 625 North Robert Street, P.O. Box 64975
 St. Paul, Minnesota 55164-0495
 651-201-4503
www.health.state.mn.us/divs/eh/pools



POOL PROJECT	
Pool Project Name:	
Project Street Address:	
City:	County:
Check all that apply: <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool	
What type of facility will the pool be located at?	

POOL DESIGNER/SUBMITTER INFORMATION		<input type="checkbox"/> RETURN APPROVED PLANS TO THIS ADDRESS
Pool Designer/Submitter Name:		
Address:		
City:	State:	ZIP:
Contact Phone:	Email:	

PROJECT OWNER INFORMATION		<input type="checkbox"/> RETURN APPROVED PLANS TO THIS ADDRESS
Project Owner Name:		
Address:		
City:	State:	ZIP:
Contact Phone:	Email:	

POOL BUILDER/SUBMITTER INFORMATION		<input type="checkbox"/> RETURN APPROVED PLANS TO THIS ADDRESS
Pool Builder/Submitter Name:		
Address:		
City:	State:	ZIP:
Contact Phone:	Email:	

POOL PLAN REVIEW AND INSPECTION FEE SCHEDULE (Please select type of project and corresponding fee**)	
<input type="checkbox"/> Swimming Pools - \$1,500 each	<input type="checkbox"/> Spa Pool - \$800 each
<input type="checkbox"/> Wading Pools - \$1,500 each	<input type="checkbox"/> Slides - \$600 each
<input type="checkbox"/> Therapy Pools - \$1,500 each	<input type="checkbox"/> Disinfection System Change - \$100
<input type="checkbox"/> Spray Decks & Interactive Water Features - \$1,500 each	<input type="checkbox"/> Request for Variance - \$500
<input type="checkbox"/> Alterations not Altering Shape/Size - \$600	<input type="checkbox"/> Second Main Drain Addition - \$600 each
<input type="checkbox"/> *Pool Project greater than \$250,000 in value: \$_____ (See page 2)	
**Please submit larger fee if the project fee falls in between \$250,000 and fee per pool.	

***POOL PROJECTS GREATER THAN \$250,000 IN VALUE:**

The project engineer or architect must sign and submit an **Estimated Value List (EVL)** for the project. The EVL must include the value of all items commonly reviewed by this department, including all slides and towers, all pumps, filters, chemical treatment systems, piping, decking, diving boards, ladders, railings, play structures, theme-work within 5 feet of water, fencing and the pool structure itself. The EVL need not include items that are commonly reviewed by another inspector, program or department, such as: electrical, the roof and walls, domestic drinking water and sewer system, HVAC, site prep, landscaping and lighting. The fee of 0.5% will be assessed to the EVL total, to a maximum of \$15,000 per pool project. If the maximum fee is paid, the EVL is not required.

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH YOUR POOL PLAN SUBMITTAL

- Completed Plan Review Application**
- Plan Review and Inspection Fees** – All fees are due at time of submittal.
Checks should be made payable to: Minnesota Department of Health
Checks returned for non-payment will be charged a \$30 fee (M.S. 604.113, subd. 2)
- Site Plan** – A scaled drawing showing facility and deck dimensions, fencing, access, security, showers and mechanical room locations.
- Pool Plan** – Pool volume, surface area (length, width), minimum and maximum depth and design flowrate; scaled drawings showing top and profile views, including dimensions and all equipment such as:
 - Skimmers, gutters, inlets, drains, lights
 - diving boards, slides, ladders, steps, handrails.
- Recirculation Plan** – Must show all pipe sizing, valves, flow meters, equipment connections and pool fill method.
- Deck and Mechanical Room Plan** – Must show drains, sumps, deck slopes, air gaps and backflow prevention devices.
- Equipment Specifications** – Make, model number, maximum capacity, and NSF-50 approval for all pumps, filters, disinfection feeders, safety equipment, signs, vacuums and water quality test kit.

NOTE:

All plans submitted require following pool information:

- **Length x width = surface area**
- **Minimum and maximum depth**
- **Volume**
- **Existing equipment**

For alterations, only the alteration information is required, along with the pool information, plan review application and fee.

Mail or deliver page 1 of this application along with the correct fee and required paperwork to MDH using the appropriate address below.

ADDRESS FOR MAILING	ADDRESS FOR COURIER DELIVERY
Minnesota Department of Health Food, Pools and Lodging Services Section P.O. Box 64975 - Plan Review St. Paul, Minnesota 55164-0495	Minnesota Department of Health Orville L. Freeman Building 625 North Robert Street St. Paul, MN 55155
FAX: 651-201-4572 (Metro District Office)	

If you require this document in another format, call 651-201-4500.

Revision: 03/20/2013