



Fort Collins

1525 Blue Spruce Dr.
Fort Collins, CO 80524
(970)498-6700

Loveland

200 Peridot Ave., STE 200
Loveland, CO 80537
(970)619-4580

Estes Park

1601 Brodie Ave.
Estes Park, CO 80517
(970)577-2050

USE THIS PACKET TO HAVE PLANS FOR CONSTRUCTING OR REMODELING A SWIMMING POOL OR SPA REVIEWED AND APPROVED BY THE DEPARTMENT.

INSTRUCTIONS

The following must be submitted to process your plan review request:

1. *Completed plan review application*
2. *Plans of pool and associated facilities prepared or approved by a registered professional engineer, demonstrating compliance with ALL requirements set forth in the Colorado SWIMMING POOL AND MINERAL BATH REGULATIONS (5 CCR 1003-5, Effective April 30, 1998)*
3. *Equipment specification sheets for heaters, pumps, filters and disinfection units.*
4. *Other required documents as listed on the application.*

FEE All Pools and Spas - \$85.00/Hour – Up to \$425.00 maximum review fee (Will be billed to contact indicated at time of plan approval)

NOTE

Approval of this Department is required for the construction of all PUBLIC and SEMI-PUBLIC POOLS in Larimer County. PRIVATE pools such as those at homeowners associations, condominium and apartment complexes that are not rented to the public for a **period less than 30 days** are exempt from this requirement. However, the Department will perform such a review upon submission of this packet, fee, and the appropriate drawings and plans if desired.

PROCESSING TIME

Please allow 7-14 business days for review. Incomplete applications or missing plans or documents will delay this process.

The primary contact person shown on this application will be notified upon completion of the review, and a letter stating conditional approval, or denial, will be sent. Stamped plans will be retained for no more than 30 days after approval.

CONTACT

Plans and completed form may be emailed, mailed, or hand delivered;
Keila Flores-Burgos, floresky@co.larimer.co.us, 970.498.6763

FACILITY NAME: _____

FACILITY ADDRESS: _____

TYPE OF FACILITY (check ONLY one)

- Public (recreation center, public park)
- Semi-public (hotel/motel, mobile home park, child care center)
- Semi-public (health club or spa - open to members and guests only)
- Private (apartment, condominium, or multi-family complex that are not short term rented <30 days at a time)

POOL OPERATION: Seasonal Year-round

TYPE OF CONSTRUCTION: New Remodel

CONTACT INFORMATION

Primary _____

Address _____

City/ST/Zip _____

Phone (____) _____ Email: _____

Designer _____

Address _____

City/ST/Zip _____

Phone (____) _____ Email: _____

Owner _____

Address _____

City/ST/Zip _____

Phone (____) _____ Email: _____

Billing Contact: Primary Designer Owner

ESTIMATED OPENING DATE FOR FACILITY: _____

WATER AND SEWER

POTABLE WATER SUPPLY

Water service must be provided either by a public water district or another source which has been approved as a non-community water system and assigned a public water system identification number (PWSID).

Please indicate the source of water for the facility:

- () NON-COMMUNITY SOURCE
Provide PWSID number _____
- () PUBLIC WATER SYSTEM
Name of Water District _____

WASTEWATER DISPOSAL

Wastewater disposal must be provided either by a public sewer system or an individual sewage disposal system that has been designed and approved for that purpose.

Please indicate the method of wastewater disposal for the facility.

- () ONSITE WASTEWATER TREATMENT SYSTEM
Provide permit number _____
- () PUBLIC SEWER SYSTEM
Name of Sewer District _____

CONSTRUCTION SPECIFICATIONS

DRESSING ROOMS/SHOWER FACILITIES

WILL SHOWER FACILITIES BE PROVIDED?

- () NO – Location of bather showers (guest rooms, etc.) : _____
- () YES – complete chart below

	Shower rooms	Restrooms	Dressing Rooms
Floors (construction)			
Walls (construction)			
Ceilings (construction)			
Fixtures – (Mens Rm)*			
Fixtures – (Womens Rm)*			

DISINFECTION

DISINFECTION CHEMICAL USED:

- Chlorine Bromine Ozone
 Other (specify) _____

METHOD OF DISINFECTION (check one):

- Gas* Make _____ Model _____
 Erosion Make _____ Model _____
 Hypo Make _____ Model _____
 Other (specify) _____

** The use of gas disinfection units requires a separate room for the cylinders and feed mechanisms as well as the provision of specific safety equipment. You must also include plans and specifications for such a room and required equipment with this application. Notification of the local fire department and Local Emergency Planning Committee (LEPC) is also required.*

TERMS AND CONDITIONS OF APPLICATION

In applying for this swimming pool plan review, I hereby authorize the health officer and/or their representative to determine compliance with the **SWIMMING POOLS AND MINERAL BATH REGULATIONS** of the state of Colorado for the purpose of constructing a swimming pool. I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this proposed pool/spa.

*Fees for plan review and inspection time are billed hourly at a rate of \$85/Hour. All fees are due at the time of approval to open by the Department.

OWNER / APPLICANT / AGENT

DATE

CONSTRUCTION SPECIFICATIONS

Complete one for each Aquatic Venue with a separate filtration system.

Aquatic Venue # _____

Water surface: TOTAL SURFACE AREA _____ sq ft
Length: _____ ft
Width: _____ ft
Depth: Minimum _____ Maximum _____ ft

Decks:

Provide minimum 5 feet of clearance from pool edge? yes _____ no _____
Finish _____
Slope of decks _____ direction of slope (i.e. toward drains, towards landscaping) _____
Deck drains provided? yes _____ no _____ Type _____
Depth markers provided? Wall yes _____ no _____
Deck yes _____ no _____
4" letter size yes _____ no _____

Emergency Shutoff (secure and accessible): yes _____ no _____

Hose bibbs: Provided at least every 100' of deck perimeter? yes _____ no _____

Makeup Water/Fill: Fill Spout with air gap provided (at least two times the diameter of the fill pipe)
yes _____ no _____

Backflow Preventer: (required if no fill spout present, must be reduced pressure zone assembly) (RP)
yes _____ no _____ Model _____ Location _____

Waste Disposal: Backwash to sanitary sewer? yes _____ no _____

Skimmers: Number _____ Make _____ Model _____
Size _____ gpm rating per skimmer _____

Venue capacity: _____ gallons

Turnover rate: _____ hours

Bather load: _____ persons

Interior surface finish: () Concrete (painted and sealed)
() Tile
() Pre-formed synthetic liner
() Other _____

Drains:

Two main drains must be provided.

Main drain: Size _____ Pipe diameter _____

Main drain cover: Manufacturer _____ Model _____ Drains must be VGB compliant.

Effective open area in main drain cover (in square inches) _____

Wall Inlets:

Wall inlets: Number _____ Discharge depth (min 12") _____ Distance between inlets (max 15') _____ Wall inlets must have adjustable directional flow capability.

Spray Pads:

Length: _____ ft

Width: _____ ft

Shape: _____ ft

Capacity of Cistern (If Used): _____ gals Location of Cistern: _____

Is Cistern equipped with an automatic fill device? yes _____ no _____

UV to be used? yes _____ no _____ Model: _____

Underwater lighting? () NO () YES

Water features? () NO () YES (list below)
