

PLAN REVIEW APPLICATION

*****Completion of this form does not constitute authorization to open an establishment.*****

*****All establishments must be inspected and permitted prior to operation.*****

A Plan Review Fee (\$175) is required for EACH application.

Purpose of Application:

- New Construction Major Remodel Change of Service Change of Ownership Advance Consultation

Type of Application: (Check all that apply)

- Retail Food Establishment (Includes Child/Adult Care Centers)
 Commercial Pool/Spa/Public Interactive Water Feature
 Other _____

Site Type: (Check all that apply)

<input type="checkbox"/> Restaurant <input type="checkbox"/> Bakery <input type="checkbox"/> Donut Shop	<input type="checkbox"/> School <input type="checkbox"/> Child/Adult Care Ctr	<input type="checkbox"/> Mobile Home Park <input type="checkbox"/> H.O.A. <input type="checkbox"/> Apt.
<input type="checkbox"/> Fast Food <input type="checkbox"/> C-Store <input type="checkbox"/> Grocery Store	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living	<input type="checkbox"/> Camp <input type="checkbox"/> Athletic Complex <input type="checkbox"/> Resort
<input type="checkbox"/> Catering Service <input type="checkbox"/> Bar <input type="checkbox"/> Mall/Shop Ctr	<input type="checkbox"/> Medical Facility <input type="checkbox"/> Church	<input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Golf Club
<input type="checkbox"/> Commissary <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER : _____

Establishment and Owner Information:

Name of Establishment:

Physical Address:

Name of Owner:

Owner's Mailing Address:

Owner's Telephone:

Alternate #:

Owner's Email Address (Required):

Applicant Information: Same as above

Applicant's Name:

Title (owner, manager, contractor, etc.):

Applicant's Telephone:

Alternate #:

Applicant Email Address:

Projected Date for Start of Project:

Projected Date for Completion of Project:

Documentation required to be submitted with this application: (Not applicable for requested advance consultation)

- Floor Plan with All Required Contents of the Floor Plan Guidance Document.
 Supplemental Information Specified in the Plan Review Guidance Document.

OFFICE USE ONLY:

Date Received: _____ Pmt. Method: _____ Adv. Consult Fee(\$50): _____ Amt. Owed: \$ _____ Amend Fee: \$20 _____

Master File #: _____ Inv #: _____ Prog. Element: _____ Location Code: _____ District: _____

Menu: _____ CFM: _____ Sales Tax ID: _____ Fed. EIN: _____ 501(c)(3): _____ DL/ID for personal check: _____ Ownership Info: _____

Floor Plan Rec'd: _____ Rev. Floor Plan Req.: _____ Floor Plan Approved: _____ Issued to Inspector: _____ Date Issued to Inspector: _____

COMMERCIAL POOL / SPA / PIWF PLAN REVIEW GUIDANCE DOCUMENT

- (1) Plans and specifications shall be prepared and stamped by a professional engineer of the state of Texas.**
- (2) Plans shall be submitted and drawn to scale and shall include:**
 - (a) One plan review.**
 - (b) One longitudinal section.**
 - (c) One transverse section through the main drain.**
 - (d) One overall plan showing the pool in relation to the other facilities in the area. (This plan may be combined with (2) (a) of this section.)**
 - (e) One detailed view of the equipment room layout.**
 - (f) One vicinity map.**
 - (g) One piping schematic showing piping size, inlets, main drains, skimmers, gutter outlets, vacuum fittings, and all other appurtenances connected to the pool piping system. (The plan may be a combination with (2)(a) of this section.)**
 - (h) One cross section of the step treads and risers.**
- (3) Plan notes such as “fence by owner” or “deck to be under separate contract” shall not be acceptable as a substitute for scale drawings. Fencing and decking must be clearly shown on site drawings.**
- (4) Plans shall include the following information in tabulated form:**
 - (a) Legal address of the facility.**
 - (b) Location of the facility if different from the legal address.**
 - (c) Owner’s name, address and telephone number.**
 - (d) Surface area of the pool.**
 - (e) Pool volume, turn over time, flow rate, filter rate/unit area, type of filter and total system head loss.**
 - (f) Manufacturer, make and model numbers of the pump, filter and automatic chemical feed apparatus, filter head loss (clean and dirty), and pump curve showing design flow rate and head.**
 - (g) Source of water used at the pool.**
 - (h) Means of disposing backwash water.**

Pool Name:		Location:	
Each item listed below must be completed before your application for a pool plan review will be accepted. Those items that do not apply, fill in NA (not applicable)			
1) PUMP (recirc)	Manufacturer:	Model #:	
	Horsepower:	GPM&60TGH:	
2) FILTER	Manufacturer:	Model #:	
	Sq. Ft.	Type:	
SKIMMER	Manufacturer:	Throat Width:	
4) MAIN DRAIN (label corresponding number on piping schematic)			
Manufacturer:	Type:	Open area:	
5) HYDROSTATIC RELIEF VALVE (SIZE)			
6) CHLORINATOR	Manuf:	Model #:	Type:
7) WATER HEATER	Manuf:	Model #:	Fuel:
	18" Metallic or CPVC Pipe	Safety pop off valve	
8) PIPING	Type:	Schedule:	NSF Approved:
	(Size)	a) Recirculation Returns:	
		b) Main Drain (VGB compliant):	
		C) Skimmer:	
		D) SVRD – AVR (Anti entrapment Device):	
9) FLOW METER	Size:	Flow range (gpm)	
10) DECK MATERIAL:			
11) UNDERWATER LIGHT (wattage):	GFCI	<input type="checkbox"/>	YES <input type="checkbox"/> NO
12) Name of Engineer:	Phone:		
13) Builder Company Name:	Phone:		