

**ALBANY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS
For the Construction or Alteration of a Public Pool(s)**

Name of Facility Owner / Operator	Address / phone of Facility Owner / Operator	Date of application
Signature	Official Title	Mail Address

The owner or the proper officials of the legal entity that will own the facility must sign this application. The signature of the designing engineer or other agent will be accepted if accompanied by a letter of authorization.

Name of Pool(s)	Address of Pool(s)	City, Village, Town
Type of Pool(s) <input type="checkbox"/> Swimming <input type="checkbox"/> Diving <input type="checkbox"/> Spa <input type="checkbox"/> Wading <input type="checkbox"/> Wave* <input type="checkbox"/> White-water Slide* <input type="checkbox"/> Other _____	Type of ownership <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Hotel/ Motel <input type="checkbox"/> Children's Camp <input type="checkbox"/> Health Club <input type="checkbox"/> Country Club <input type="checkbox"/> Apartments <input type="checkbox"/> Community Center <input type="checkbox"/> Homeowner Association <input type="checkbox"/> Other _____	Type of work <input type="checkbox"/> New facility <input type="checkbox"/> Addition to existing <input type="checkbox"/> Alterations of existing <hr style="border-top: 1px dashed black;"/> Proposed Supervision Level <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Exempt **
Location <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Name & License No. of Design Engineer/Architect	Address/phone of Designing Engineer /Architect
Name & License No. of Design Engineer/Architect	Address/phone of Designing Engineer /Architect	Estimated Cost

* Wave pools and White-water Slides will be reviewed in conjunction with and approved by the NYSDOH
 ** Homeowner Association only

It is hereby agreed that if the plans dated _____ or any amendments or revisions thereof, are approved by the Department of Health, the swimming pool and appurtenances will be constructed in accordance with the details thereof as shown on such approved plans.

SEE OTHER SIDE FOR:

- **INSTRUCTIONS FOR SUBMISSION OF PLANS**
- **INSTRUCTIONS FOR APPROVAL TO OPERATE**

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INSTRUCTIONS FOR SUBMISSION OF PLANS

This application must be accompanied by:

- 1) Plan review fee of \$260 per pool
- 2) One set of specifications
- 3) Engineering report narrative
- 4) Three sets of completed Form DOH 1309
- 5) Three sets of engineering plans - two will be stamped when approved and returned.
- 6) Unusual aspects of the project should be discussed with our staff prior to preparation of the plans.

The project must comply with the provisions of the Sanitary Code – SUBPART 6-1. The plans will be returned to individual signing unless otherwise specified below:

INSTRUCTIONS FOR APPROVAL TO OPERATE

After approval of plans and completion of construction the facility must possess a valid permit from this Department that includes the pool(s) and must be inspected and approved by a member of this department prior to opening to the public. Temporary Residence permits will cover pools at those facilities but all other pre-operation requirements must be met. If you do not have an application packet please call 447-4620 to request one.

Approval to operate will only be granted after all of the following items have been satisfactorily addressed:

- 1) Completion of an application for a permit to operate.
- 2) Annual Operation Fee payment \$260 per pool.
- 3) Submission of a satisfactory Safety Plan - All Aquatic Supervisory Staff must be familiar with the safety plan.
- 4) Aquatic Supervisory Staff - A completed Qualifications List and current copies of lifeguard and CPR certificates for all Aquatic Supervisory Staff. Copies must also be maintained in your files and be available for review at the pool during our inspections. **Please note that in New York State CPR certifications for bathing facility staff are only valid for 1 year from the date of the course (including American Heart Association cards that are issued for 2 years).**
- 5) Written certification of construction by the Engineer or Architect in charge of inspection of the construction.
- 6) UL (or other) electrical inspection certification.
- 7) **Preoperational Inspection - All pools must be inspected and approved by a member of this department prior to opening to the public. Appointments will be made only for facilities with complete application packages.**

Copies of the current SUBPART 6-1 (dated 11/7/2007) and Supervision Summary Sheets that describe Level II, III, and IV requirements are available upon request. Call 447-4620.