



ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division

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Health Director

Application for an Aquatic Facility Plan Review

Facility Name:
Facility Physical Address:
Contact Name:
Contact Phone:
Contact Email:

This application is for a plan review of (choose one):

- ☐ Construction/conversion of a new aquatic facility
☐ Remodeling or addition to an existing permitted aquatic facility

Proposed future facility type: ☐ Indoor Pool ☐ Outdoor Pool ☐ Spa/Swim Spa ☐ Interactive Water Feature

This Application must include a site map and any supplemental material necessary to review the following items:

- ☐ Floor Plans for the proposed facility/renovation area, including Bathhouse
☐ Specifications for all Pool Equipment
☐ Pool Data (Volume, surface area, turnover rate, flow rate, bather load, perimeter, Hydraulic calculations)
☐ Water Circulation and Treatment information

***Initial comments will be provided to the above contact within 10 business days of plan submittal.**

***Incomplete submissions may cause delay in approvals.**

*During plan review, AHD may require submission of additional information to determine regulatory compliance.

*Any person desiring to operate a Permitted Establishment must apply for an Establishment Permit and submit all associated Fees at least 14 days prior to pre-opening inspections.

Submitter Signature: _____ Date: _____

AHD USE ONLY

Fee Amount Received: _____ ☐ Cash ☐ Check no. _____ **Date:** _____

Received By _____ **Assigned To:** _____ **Tax Map:** _____