



MULTNOMAH COUNTY
ENVIRONMENTAL HEALTH
3653 SE 34th AVENUE
PORTLAND OR 97202
(503) 988-3400; FAX (503) 988-5844

APPLICATION FOR A PERMIT TO
CONSTRUCT/ALTER A PUBLIC
SWIMMING POOL, SPA POOL, OR
BATHHOUSE

****PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POOL****

*I AM HEREBY MAKING APPLICATION TO CONSTRUCT/ALTER THE FOLLOWING
SWIMMING POOL, SPA POOL, AND/OR FACILITY. I UNDERSTAND THAT A
CONSTRUCTION/ALTERATION PERMIT ISSUED UNDER THIS APPLICATION MUST BE
RECEIVED **PRIOR** TO ANY ACTUAL WORK ON THE PROJECT.* (Page 1 of 2)

Facility Name			
Address	City	State	Zip+4
County			

Owner		Phone	
Management Firm			
Address	City	State	Zip+4
Phone	Fax		

Architect / Engineer			
Firm			
Address	City	State	Zip+4
Phone	Fax		
Oregon Registered – Architect _____, Engineer _____			

Builder		Project Contact Person	
Address	City	State	Zip+4
Phone	Fax		

Bathhouse <input type="checkbox"/>	New Construction <input type="checkbox"/>	Alternation/Renovation <input type="checkbox"/>	
Pool Type :	Indoor <input type="checkbox"/>	Swimming <input type="checkbox"/>	Diving <input type="checkbox"/>
General Use <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Spa <input type="checkbox"/>	Wading <input type="checkbox"/>
Limited Use <input type="checkbox"/>	Year-round <input type="checkbox"/>	Zero-Depth <input type="checkbox"/>	Combination <input type="checkbox"/>
	Seasonal :	Slide Plunge <input type="checkbox"/>	
	Winter <input type="checkbox"/> Summer <input type="checkbox"/>	Combo Water Rec. Attraction <input type="checkbox"/>	
		Other: _____	

Office Use Only	
Plan # _____	Construction Permit # _____
Check Amount \$ _____	Check # _____
Variances? Yes _____ No _____	Variance # _____
Reviewer's Initials _____	Date _____

**POOL/SPA/BATHHOUSE OPERATING WITHOUT A VALID
LICENSE IS IN VIOLATION OF THE OREGON LAW.**

DATE: _____
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TYPE OF COMPANION FACILITY

None ☐ Motel/Hotel ☐ Apartment ☐ Condominium ☐ Mobile Home Park ☐ Campground ☐ Other _____

POOL BASIN Pool Surface Area (sq.ft) _____, Perimeter (ft) _____, Volume (cu.ft) _____ (gal.) _____,
Recirc. Rate (gpm) _____, Max. Bather Load (0 down) _____, Turnover (hrs)-Required _____ Designed _____

PUMP- (Please submit a pump curve) Recirculation-Make/Model _____ Hp _____ gpm @ 40' TDH _____
@ 60' TDH _____ Jet (Spas)-Make/Model _____ Hp _____ gpm @ 10'TDH _____ @ design _____ ft TDH _____

FILTERS-ANSI/NSF 50 LISTED-Yes ☐, If No-Select a listed filter or provide documentation. Filter-Make/Model _____,
Filter type- Sand ☐ D.E. ☐ Cartridge ☐ Surface area/filter (sq.ft) _____, No. of _____, Total Flow
(gpm) _____, Pressure _____, Vacuum _____, Gauges Provided? Yes ☐ No ☐

PIPING AND FITTINGS- Does the piping meet ANSI/NSF standard 14? Yes ☐ No ☐
Velocity less than 6ft/sec-suction, 10 ft/sec-pressure? Yes ☐ No ☐, Piping type _____ Schedule _____,
Inlets-Make/Model _____, No. of _____
Skimmer-Make/Model _____ ANSI/NSF Listed _____ # provided _____
Note: (Provide equalizer line/valve/float control fittings. For pools with one skimmer-plumb equalizer line to main drain)
Gutter-Length _____ Outlet pipe size _____ Spacing _____ (One outlet-show flow calculations)
Surge Capacity (gal.) _____ Tank effective size (ft) _____ Length _____ Width _____ Depth _____
Main Drain-Make/Model _____ No. of _____ Total Open Area (sq. inch) _____
Shallow Pools and Spas-Entrapment Protection Method _____

HEATER Make _____ Model# _____ BTU _____ Fuel _____

DISINFECTION- Disinfectant-Chlorine/Bromine-Type _____, Secondary- Disinfectant _____,
Ozone provided- Show on plans & provide equipment info. Disinfectant feeder-Make/Model _____ Cap.
(ppm/pool Volume/24 hr) _____ **ANSI/NSF Standard 50 Listed – Yes ☐ , if No - Provide an ANSI/NSF listed feeder.**

POOL FILL/WASTE DISPOSAL Pool Fill- Portable Water Supply (Treated/Well Supply) _____,
Safe Test Date ____/____/____ Air gap connection _____, Air break/vacuum breaker _____, R/P valve-Make/Model _____
Waste Disposal- Air gap connection to Septic ☐, Holding ☐, Municipal ☐, Other _____

BATHHOUSE Fixtures (Toilets) - M ☐ F ☐, (Urinals) - M ☐ F ☐, (Lavatory) - M ☐ F ☐, (Showers) - M ☐ F ☐

LIGHTING—Submerged lighting provided **Yes ☐ No ☐**

Watts/sp.ft or deck provided _____ Submerged lighting watts/sq.ft of pool surface provided _____

Submitted herewith is pertinent information with respect to a public swimming pool/spa pool, including _____ identical sets of plans and specifications as it is to be constructed. All sets bear my signature and registration seal. I certify that the pool, as designed, is structurally stable, safe and meets the minimum standards of Oregon Administrative Rules, Chapter 333-60, Public Swimming Pools, or Chapter 333-62, Public Spa Pools. The correct fee for plan review has been included.

Signature/Designer _____ Date _____ Registration # _____

I attest that the above designer is submitting plans, under my direction, for public pool construction. Upon completion, I will comply with the requirements of the appropriate administrative rule governing my pool.

Signature/Owner _____ Date _____

****PLEASE CALL OUR OFFICE AT 503 988-3400 FOR CURRENT FEES****

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