

WEBER-MORGAN DISTRICT HEALTH DEPARTMENT
477 23rd STREET, OGDEN, UTAH 84401
TELEPHONE: (801) 399-7160
FAX: (801) 399-7168

POOL/SPA PLAN REVIEW APPLICATION

Prior to our review, the required \$132.00 fee for the plan review must be paid (includes 2 hours of review plus \$66 per hour after). An accurate and detailed plan is critical for the proper construction and operation of your pool and/or spa.

DATE: _____ DATE OF PLANNED OPENING: _____

ESTABLISHMENT NAME: _____ **PHONE #:** _____

ESTABLISHMENT ADDRESS: _____
STREET NAME/NUMBER CITY ZIP CODE

PARTY TO RECEIVE CORRESPONDENCE: _____ **PHONE #:** _____

ADDRESS: _____
STREET NAME/NUMBER CITY ZIP CODE

CONTRACTOR: _____ **PHONE #:** _____

ADDRESS: _____
STREET NAME/NUMBER CITY ZIP CODE

ENGINEER: _____ **PHONE #:** _____

ADDRESS: _____
STREET NAME/NUMBER CITY ZIP CODE

OWNER: _____ **PHONE #:** _____

Owner's Representative: _____ **PHONE #:** _____

ADDRESS: _____
STREET NAME/NUMBER CITY ZIP CODE

TYPE OF POOL: ___ OPEN YEAR AROUND ___ SEASONAL

- OUTDOOR SWIMMING INDOOR SWIMMING
- OUTDOOR HOT TUB INDOOR HOT TUB
- OUTDOOR WADING INDOOR WADING
- OTHER: _____ (Specify type)