

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 \$485.00 fee for the plan review must be paid. 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)