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)