



**WEBER-MORGAN HEALTH DEPARTMENT**  
**477 23<sup>RD</sup> STREET, OGDEN, UTAH 84401**  
**TELEPHONE: (801) 399-7160, FAX: (801) 399-7168**  
**E-MAIL: [envhealth@co.weber.ut.us](mailto:envhealth@co.weber.ut.us)**

Office Use Only  
 Total # of pools:  
 Amount Paid:  
 Date Paid:

**POOL PLAN REVIEW APPLICATION**

Plan review fee: \$485 for each pool (reviews that require more than 2 hrs/pool will be charged an additional \$85/hr). Accurate and detailed plans are critical for proper construction and operation of pools.

DATE: \_\_\_\_\_ DATE OF PLANNED OPENING: \_\_\_\_\_

**ESTABLISHMENT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ESTABLISHMENT ADDRESS:** \_\_\_\_\_  
STREET NAME/NUMBER CITY ZIP CODE

**CONTRACTOR NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET NAME/NUMBER CITY ZIP CODE

**E-MAIL:** \_\_\_\_\_

**ENGINEER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET NAME/NUMBER CITY ZIP CODE

**E-MAIL:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Owner's Representative:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

Please check the appropriate columns for each type of pool and add the number of pools for each type.

TYPE OF POOL	SEASONAL	YEAR-ROUND	OUTDOOR	INDOOR	# of POOLS
Pool					
Spa					
Splash					
Slide					
Wading					
Other:					