



# Plan Review Application For Public Recreational Bathing Facility

## Monmouth County Health Department

50 East Main Street  
Freehold, NJ 07728

TELEPHONE (732) 431-7456 FAX (732) 409-7579



**Public Health**  
Prevent. Promote. Protect.

<b>N.J.A.C. 8:26-2</b> The health authority shall review these plans and respond accordingly within 30 days of the date of submission.	<b>FOR DEPARTMENT USE ONLY</b>
	Date Received: ____/____/____ Plan Review Fee Received: <input type="checkbox"/> Y <input type="checkbox"/> N

**TYPE OF APPLICATION:**  New  Remodel  Conversion

**TYPE :**  Swimming Pool  Hot Tub/Spa  Wading Pool  Spray Park  Beach

### RECREATIONAL BATHING FACILITY INFORMATION

**Name of Facility:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_

**Water Supply:**  Municipal  Well  Water Body **Waste Disposal:**  Sanitary Sewer  Septic System

### OWNERSHIP INFORMATION

**Name of Owner:** \_\_\_\_\_ **Specially Exempt Facility:**  Yes  No

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### BATHING FACILITY INFORMATION

Hours/Days of Operation	Type of Facility (Check all that apply)	Type of Disinfection	Size & Capacity
Sunday: _____	<input type="checkbox"/> Indoor Year Round <input type="checkbox"/> Outdoor Seasonal <input type="checkbox"/> Combination <input type="checkbox"/> Multiple (List): _____	<input type="checkbox"/> Chemical: _____ <input type="checkbox"/> Chemical Controller System: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> > 2000 sq. ft <input type="checkbox"/> < 2000 sq. ft Size: _____ Total Volume: _____
Monday: _____			
Tuesday: _____			
Wednesday: _____			
Thursday: _____			
Friday: _____			
Saturday: _____			

### THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH THIS APPLICATION

- Plans must be clearly drawn and include these items below:**
  - The plan must show dimensions and depth of all bathing areas, dimensions of all deck space, location of showers, distance to restroom facilities and location of equipment and chemical storage facilities.
  - Plan must provide equipment specifications and flow calculations for filtration and treatment devices, (specifically turnover rate calculations) including any mechanical disinfectant systems. Heating equipment specifications (if applicable) must be provided.
  - Plan must include specifications for VGB compliant drain covers and all pump safety devices, including emergency shut off.
  - Plan must include finishes and materials for pool/spa, decks, restrooms, changing areas, equipment room and chemical storage areas.
  - Plan must show required fencing and entry control for outdoor facilities. Plan must show access restriction for indoor facilities.
- Plan Review Fee**
  - In accordance with Monmouth County Board of Health Ordinance NO. 3-2017, a plan review fee must be submitted to the Monmouth County Board of Health.  New Facility: \$150  Revision: \$50
  - The submitted plan will not be reviewed prior to receipt of the fee, and no approvals can be issued without a completed review.
  - Beginning construction without Health Department approval can lead to costly renovations or lack of approval to open the establishment for business.

**Note: The Monmouth County Health Department does not license or issue permits. All licenses and permits are issued by the municipality in which your facility operates.**

Print Name: _____	Title: _____
Signature: _____	Date: _____