

Nassau County Department of Health
Application for Approval of Plans for the Construction of, or Modifications to, an
Artificial Swimming Pool and Appurtenances

Facility Name: _____

Facility Street Address: _____

City or Village: _____ State: _____ Zip: _____

Facility Telephone Number: _____

Name of Senior Partner or Corporate President/ CEO: _____

Street Address: _____

City or Village: _____ State: _____ Zip: _____

Name of Professional Engineer or Registered Architect: _____

Street Address: _____

City or Village: _____ State: _____ Zip: _____

License No.: _____

It is hereby agreed that if the plans dated _____, or any amendment, or revision thereof, are approved by the Department of Health, the swimming pool and appurtenances will be constructed in accordance with the details thereof as shown on such approved plans.

This statement must be signed by the owner or the proper officials of the corporation or legally constituted board or commission having charge of work.

Signature _____ Title _____ Date _____

Before Submitting Applications Please Follow Instructions on Reverse Side

INSTRUCTIONS

1. The application must include the Form DOH 1309.
2. This application must be accompanied by plans in quadruplicate (4), one of which will be returned to the applicant. Prints must be prepared with a blank area at least 4 inches by 7 inches to permit affixing the approval stamp on the face of the plans.
3. The project should be discussed and submitted to the local public health engineer.
4. The project must comply with the provisions of Chapter I of the New York State Sanitary Code, Subpart 6-1.