

SUPPLEMENTAL WORKSHEET FOR PUBLIC SWIMMING POOLS AND SPAS

This form is to be completed and submitted with permit application.

New Construction ___ Revision ___ Modification ___

NAME OF PROJECT:			
ADDRESS:		CITY: PORT ORANGE	STATE: FL
NAME OF OWNER:		PHONE NUMBER:	
MAILING ADDRESS:		CITY:	STATE:
POOL TYPE (CHECK ALL THAT APPLY)			
<input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> SPA <input type="checkbox"/> WADING <input type="checkbox"/> SPECIAL PURPOSE <input type="checkbox"/> WATER RECREATION ATTRACTION <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> TRANSIENT <input type="checkbox"/> NON-TRANSIENT			
NO. OF UNITS SERVED:	NO OF STORIES:	DISTANCE OF FARTHEST UNIT FROM POOL:	ELEVATOR:
			<input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF SANITARY FACILITIES (FILL IN BELOW)			DISTANCE FROM POOL:
	WATER CLOSETS	URINALS	LAVATORIES
			DRESSING ROOMS
MALE			DIAPER-CHANGING TABLE (<input type="checkbox"/> YES <input type="checkbox"/> NO) *
FEMALE			DIAPER-CHANGING TABLE (<input type="checkbox"/> YES <input type="checkbox"/> NO) *
METHOD OF WASTEWATER DISPOSAL:			
POOL VOLUME (GALLONS):		BATHING LOAD:	WATER SOURCE:
DIMENSIONS:	WIDTH:	LENGTH:	PERIMETER:
DEPTH:	MAXIMUM:	MINIMUM:	
SHAPE:		AREA:	
CONSTRUCTION MATERIAL:	SHELL:	FINISH:	COLOR:
EQUIPMENT MAKE AND MODEL (FILL IN BELOW)			
RECIRCULATION PUMP: _____ HP PROVIDING _____ GPM @ (_____ 50' _____ 60') TDH			
FILTER:	AREA (SQ.FT.):		FLOW CAPACITY:
DISINFECTION EQUIPMENT:			CAPACITY: _____ GPD/PPD
PH ADJUSTMENT FEEDER:			CAPACITY: _____ (GPD)
TEST KIT:			

*DIAPER-CHANGING TABLE REQUIRED PER SECTION 424.1.6.1.1 OF FBC-BUILDING UNLESS ALL POOLS ARE RESTRICTED TO ADULT USE.