

# AQUATIC HEALTH PROGRAM PLAN REVIEW SUBMISSION INSTRUCTIONS FOR MINOR REMODEL

Nevada State Law, NRS 444.080, requires that properly prepared plans and specification be submitted to the Health Authority for review and approval when construction or remodeling of a public pool, spa, bathhouse or nudist colony is anticipated, **prior to the start of such work.** 

1. Application Submittal/Appointments: Direct Line: (702) 759-0571

Email: aquatichealth@snhdmail.org

Applications for minor remodel may be submitted in person or via email. For applications submitted in person, an appointment must be made prior to plan submission. For applications submitted via email, an appointment must be made if the plan review inspector determines that one is necessary.

Appointments cannot be honored unless the minimum required paperwork has been submitted and all required fees have been paid. Failure to provide the minimum documentation upon arrival for an appointment constitutes a "MISSED APPOINTMENT", and a fee will be assessed. As an option, an applicant may pay for a "preliminary (office) plan review" and meeting with staff, but this does not constitute a formal Plan Submission.

#### **THE MINIMUM REQUIREMENTS FOR AN APPOINTMENT:**

- a. A representative qualified to answer staff questions and empowered to make corrections, additions, or deletions at the meeting.
- b. A signed copy of this Plan Review Submission Instructions for Minor Remodel sheet.
- c. A Plan Review Minor Remodel Worksheet signed by a professional engineer or architect registered in the State of Nevada, or by a licensed contractor who holds a classification A license with an A-10 subclassification issued by the State Contractor's Board.
- d. A copy of the Certification of Contracted Services sheet signed by the legal owner of the establishment or the owner's representative.
- e. Any required equipment specification sheets as outlined on the Plan Review Minor Remodel Worksheet.
- f. Ability to pay all applicable fees (Cash, Visa/MasterCard [credit card and valid I.D. must match exactly] or Business Check [pre-printed address, no started checks, no alterations])

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#### 2. Fees:

- A plan review application must be made and all applicable fees paid at the time of appointment and plan submission.
- If applications are submitted via email, all required fees must be paid in full at the time of plan submission.
- Plan review fees are only valid for one year from the date of the original submission.

# 3. Approval of Plans:

- Payment of fees does not constitute approval of plans.
- A signed voucher will be provided following your meeting to inform you of the approval status of your
  plans, to provide specific corrections and/or stipulations, to list any permit conditions or limitations, and
  to request any additional information needed to complete your application.
- If the application is submitted via email, the plan review inspector will email or fax a signed voucher to inform you of the approval status of your plans, to provide specific corrections and/or stipulations, to list any permit conditions or limitations, and to request any additional information needed to complete your application.
- If the plan review inspector deems necessary, a meeting may be required prior to plan approval. The inspector will contact you to schedule the meeting.
- Applicants may be required to submit corrected plans.
- Failure to comply with required corrections may result in a failed inspection of the remodel project, resulting in additional fees and delayed approval to open.

## 4. Once Work Begins:

After approval has been granted to begin remodel work, **the body of water must remain closed** from the start of work until the final inspection has been performed and remodel work has been approved.

## 5. Final Inspection:

- A final field inspection is required on all remodels.
- Arrangements for final inspections must be made at least 72 hours (three business days) in advance of the final inspections.
- There will be a re-inspection fee for each permit if the establishment is not ready for a final inspection after you have requested one.
- The body of water must pass a complete operational inspection at the time of the final inspection.
- Cancellations must be made prior to staff arrival at the facility or a re-inspection fee will be assessed.
- The re-inspection fee must be paid prior to scheduling another final inspection.

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# 6. Inspection Appointments:

- Appointments will be on a first-come, first-served basis and will depend on the assigned inspector work-loads.
- After hours inspections may be offered, at the discretion and availability of the assigned staff member and a
  fee will be assessed for this service.

#### 7. Revised Plans:

After plans have been reviewed and approved, if it becomes necessary or you wish to submit revised plans, contact your assigned Plan Reviewer. Each submittal of revised plans will be charged an additional fee.

#### 8. Mistakes or Omissions:

Plan approval does not constitute approval of any mistake or omission. Proper development of a project is the responsibility of the contractor, engineer, architect and/or the various parties concerned.

I have been made aware my responsibility:	of the regulatory requirements and I understand the proper development of this proj (initial)	ect is
Name, Print:	Signature:	
Title:	Company:	
Date:	Name of Facility:	

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DATE RECEIVED: (FOR OFFICE USE ONLY)



POOL 🗆	SPA	(FOR OFFICE USE ONLY)
FACILITY ID	):	 
PR#:		 
SR#:		

# PLAN REVIEW MINOR REMODEL WORKSHEET

TYPE OF APPLICATION (CHECK ALL THAT APPLY)								
□INDOOR	□ OUTDOOR	POOL/SF	A WITH LIVING UNI	TS □ YES □NO	PARTY PO	OL □ YES □NO		
BODY OF WATER TYPE								
□ SWIMMING POOL □ SPA						□ WADING POOL		
☐ SPECIAL PURPOSE POOL			□WATER RECREAT	ION ATTRACTION	□ ACTI	VITY POOL		
TYPE: TYPE:								
☐ CHILD AMUSEMENT LAGOON ☐ WATER SLIDE						ERCOURSE RIDE		
□ WAVE POO	DL		□ OTHER TYPE:					
			FACILITY INF	ORMATION				
FACILITY NAI								
FACILITY ADI		T				T		
ASSESSOR'S PAR	RCEL NUMBER:	SECTION:		TOWNSHIP:		RANGE:		
TYPE OF FAC				_				
	NER ASSOCIATI	ON 🗆 AP.	ARTMENT 🗆 MOTE	EL/HOTEL   HEAL		□ OTHER		
OWNER:	DECC.				PHONE:			
OWNER ADD		/ENIGIN	EED INIEODRAA	TION /	EMAIL:			
		ENGIN	EER INFORMA	ATION (FILL IN		ROPRIATE BOXES)		
POOL CONTR	RACTOR:			-	PHONE:			
ADDRECC					EMAIL:			
ADDRESS: LICENSE NUMBER:						IUMBEK:		
ENGINEER/A	RCHITECT:				PHONE:			
EMAIL:								
ADDRESS: LICEN:						UMBER:		
		<u></u>	ME, PRINT			DATE		
		INA	IVIE, PRIINT			DATE		
SEAL SIGNATURE OF:   ENGINEER   A-10   A-10E   ARCHITECT   OTHER								
SOUTHERN NEVADA HEALTH DISTRICT APPROVAL BY:								
300 IIILINI I	AL VADA HLALH	DISTRICT		GNATURE		DATE		

APPROVAL IS NOT INTENDED TO CONVEY APPROVAL FOR ANY MISTAKES OR OMISSIONS CONTAINED HEREIN. PROPER DEVELOPMENT IS THE RESPONSIBILITY OF THE VARIOUS PARTIES CONCERNED AND ALL APPLICABLE LAWS, RULES, AND REGULATIONS SHALL BE STRICTLY ADHERED TO.

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## INFORMATION REGARDING REMODEL WORK TO BE DONE

DESCRIBE SCOPE OF WORK IN DETAIL:
MATERIALS USED (INCLUDE ALL PERTINENT INFORMATION INCLUDING MANUFACTURER, MODEL,
COLOR):
SPECIFICATION SHEETS INCLUDED: □ YES □ NO
PUMP CURVE AND FILTER/HEATER HEAD LOSS CURVES INCLUDED:   YES   NO
TOWN CONVENIENTIALISTICADE LOSS CONVESTINCLODED. 11 TES 11 NO
IF ANY PART OF THE CIRCULATION EQUIPMENT OR SUCTION OUTLET COVERS WILL BE REMODELED,
COMPLETE ALL CATEGORIES ON THE FOLLOWING TWO PAGES:

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	TYPE:   SPLIT DRAIN   CHANNEL / UNBLOCKABLE   SVRS   OTHER							
	MANUFACTURER:			MODEL				
	COVER SIZE: IN	NCH	OPEN AREA:		SQ	. INCH	QUANTITY:	
CIRCULATION	LOCATION:   FLOOR	LOCATION:   FLOOR   WALL   BOTH						
SUCTION	MINIMUM SPACING:   3 FT (SPA)   4 FT (POOL)   CHANNEL   OTHER							
COVER(S):	COVER IS CERTIFIED BY:   NSF   IAPMO   UL   ENGINEER   OTHER							
	MAX VELOCITY FLOOR	1	F	PS	MAX	VELOCI	TY WALL	FPS
SPECIFICATION SHEET MUST BE	MAX FLOW RATE FLOO		GI					GPM
PROVIDED	COVER IS SHARED WIT	TH AU	XILIARY SYSTE	M: □	YES [	□ NO I	DENTIFY:	
	SUMP:   MANUFACTU							
	FUNCTION:   HYDRO  FIRE SUPPRESSION							
	TYPE: □ SPLIT DRAIN							
AUXILIARY	HYDROTHERAPY JET Q	UANT	ΓΙΤΥ:			OTHER	DRAIN QUANTIT	ΓY:
SUCTION	MANUFACTURER:					MOD	EL:	
OUTLET	COVER SIZE: IN	NCH	OPEN AREA:		SC	. INCH	SPACING:	FT
COVER(S):	LOCATION:   FLOOR	WAL	L 🗆 BOTH	CO	VFR IS	CERTIFI	FD BY: □ NSF □	IAPMO □ UL
SPECIFICATION SHEET MUST BE	HYDROSTATIC RELIEF VALVE INSTALLED:  UNIT OF THE PROPERTY OF T							
PROVIDED	MAX VELOCITY FLOOR	ł	F	PS	MAX	VELOCI	ΓY WALL	FPS
	MAX FLOW RATE FLOO	OR	GI	PM	MAX	MAX FLOW RATE WALL GPM		
	SUMP:   MANUFACTURER   FIELD FABRICATED   OTHER							
	FUNCTION:   CIRCULATION  HYDROTHERAPY JET  WATER FEATURE  SOLAR HEATER  OTHER							
CIRCULATION	MANUFACTURER:					DEL:		
PUMP:	QUANTITY:	HP:		RPM	1:		MEETS NSF ST	D 50: 🗆 YES 🗆 NO
	PHASE:	GPN	1: <i>A</i>	ΛT		_ TDH	GFCI PROTECT	TED: □ YES □ NO
SPECIFICATION SHEET MUST BE	VARIABLE FREQUENCY DRIVE (VFD): □ YES □ NO							
PROVIDED	VFD MANUFACTURER:				MC	DEL:		
	FUNCTION:   CIRCULATION  HYDROTHERAPY JET  WATER FEATURE  SOLAR HEATER  OTHER							
	MANUFACTURER:	ILLUSI	OIV BEIDE		1	DEL:		
AUXILIARY PUMP:	QUANTITY:	HP:		RPI	M:		MEETS NSF ST	D 50:  VES  NO
OWIF.	PHASE:	GPN	/l: A	·		_ TDH	GFCI PROTECT	ΓED: □ YES □ NO
SPECIFICATION SHEET MUST BE	VARIABLE FREQUENCY						1	
PROVIDED	VFD MANUFACTURER:	:			М	DEL:		

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FILTER:	TYPE:   SAND   CARTRIDO	GE 🗆 D.E. 🗆 OTHI	ER		QUANTITY:	
SPECIFICATION SHEET MUST BE	MANUFACTURER:		MODEL:			
PROVIDED	TOTAL AREA: SQ.FT	AIR RELIEF: □ AUTO	□ MANUAL	MEETS I	NSF STD 50: 🗆 YES 🗆 NO	
FILTER VALVE:	TYPE:   MULTIPORT   OTH	HER		MEETS I	NSF STD 50: 🗆 YES 🗆 NO	
SPECIFICATION SHEET MUST BE	MANUFACTURER:		MODEL:			
PROVIDED	QUANTITY:	SIZE:				
FLOW REGULATING DEVICE:	MANUFACTURER:		MODEL:			
HEATER:	TYPE:   GAS   ELECTRIC	SOLAR 🗆 OTHER		SIZE	: 🗆 BTU 🗆 kW	
SPECIFICATION SHEET MUST BE	MANUFACTURER:		MODEL:			
PROVIDED	BYPASS PROVIDED = YES =					
DISINFECTANT	TYPE:   LIQUID   DRY CHI	EMICAL    GAS		TROLYTIC	LHLURINE GENERATUR	
FEEDERS:	MANUFACTURER:	/STLLISTED VE	MODEL:	A AFFTC NICE	CTD FO V/FC NO	
		UL/ETL LISTED:   YES	l l	MEETS NSF	STD 50:   YES   NO	
SPECIFICATION SHEET MUST BE	MAXIMUM APPROVED TOTAL FEEDER CAPACITY: GALLO  FEEDER IS CERTIFIED BY:   NSF   IAPMO   UL   ENGINEER   OTHER					
PROVIDED						
	FEEDER IS ELECTRICALLY INTERLOCKED WITH PUMP: □ YES □ NO					
	TYPE: □ OZONE □ ION □ UV	'/H₂O₂ □ OTHER			QUANTITY:	
SECONDARY		711202 - OTTLEN			407	
SECONDARY DISINFECTANT	MANUFACTURER:	I	MODEL:		<u> </u>	
		I	MODEL:		PROTECTED:   YES   NO	
DISINFECTANT	MANUFACTURER:	MEETS NSF STD 50:	MODEL:	GFCI P	PROTECTED:   YES   NO	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE	MANUFACTURER:  UL/ETL LISTED:   YES   NO	MEETS NSF STD 50: WITH AN APPROVED	MODEL:  STORY STORY  STORY  MODEL:  MO	GFCI P	PROTECTED:   YES   NO	
DISINFECTANT FEEDER: SPECIFICATION	MANUFACTURER:  UL/ETL LISTED:  YES  NO  OPERATED IN CONJUCTION N	MEETS NSF STD 50: WITH AN APPROVED SF $\Box$ IAPMO $\Box$ UL $\Box$	MODEL:  YES   NO  DISINFECTAN  ENGINEER	GFCI PONT FEEDER:	PROTECTED:   YES   NO	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE	MANUFACTURER:  UL/ETL LISTED:   YES   NO  OPERATED IN CONJUCTION  FEEDER IS CERTIFIED BY:   N	MEETS NSF STD 50: WITH AN APPROVED SF   IAPMO  UL   TERLOCKED AS REQUI	MODEL:  YES   NO  DISINFECTAN  ENGINEER    IRED :   YES	GFCI PONT FEEDER: OTHER	PROTECTED:   YES   NO	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE PROVIDED  PH ADJUSTMENT	MANUFACTURER:  UL/ETL LISTED:   YES   NO  OPERATED IN CONJUCTION   FEEDER IS CERTIFIED BY:   N  FEEDER IS ELECTRICALLY INT	MEETS NSF STD 50: WITH AN APPROVED SF   IAPMO  UL   TERLOCKED AS REQUI	MODEL:  YES   NO  DISINFECTAN  ENGINEER    IRED :   YES	GFCI PONT FEEDER: OTHER ONO	PROTECTED:   YES   NO	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE PROVIDED  PH	MANUFACTURER:  UL/ETL LISTED:   YES   NO  OPERATED IN CONJUCTION   FEEDER IS CERTIFIED BY:   N  FEEDER IS ELECTRICALLY INT  TYPE:   MURIATIC ACID   SO	MEETS NSF STD 50: WITH AN APPROVED SF = IAPMO = UL = FERLOCKED AS REQUIODIUM BISULFATE =	MODEL:  YES   NO DISINFECTAN ENGINEER    IRED :   YES CO <sub>2</sub>   SUL MODEL:	GFCI P NT FEEDER: OTHER NO FURIC ACIE	PROTECTED:   YES   NO	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE PROVIDED  PH ADJUSTMENT FEEDER:	MANUFACTURER:  UL/ETL LISTED: □ YES □ NO  OPERATED IN CONJUCTION OF SEEDER IS CERTIFIED BY: □ NO  FEEDER IS ELECTRICALLY INTO TYPE: □ MURIATIC ACID □ SO MANUFACTURER:	MEETS NSF STD 50: WITH AN APPROVED SF = IAPMO = UL = TERLOCKED AS REQUIODIUM BISULFATE =	MODEL:  YES NO DISINFECTAN ENGINEER  IRED: YES CO <sub>2</sub> SUL MODEL: ENGINEER	GFCI P NT FEEDER: OTHER NO FURIC ACIE	PROTECTED:   YES   NO	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE PROVIDED  PH ADJUSTMENT FEEDER: SPECIFICATION SHEETS MUST BE	MANUFACTURER:  UL/ETL LISTED: □ YES □ NO  OPERATED IN CONJUCTION OF THE TO THE T	MEETS NSF STD 50: WITH AN APPROVED SF = IAPMO = UL = TERLOCKED AS REQUIODIUM BISULFATE =	MODEL:  YES   NO DISINFECTAN ENGINEER    IRED : YES CO <sub>2</sub>   SUL MODEL: ENGINEER    IRED : YES	GFCI P NT FEEDER: OTHER NO FURIC ACIE	PROTECTED:   YES   NO	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE PROVIDED  PH ADJUSTMENT FEEDER: SPECIFICATION SHEETS MUST BE PROVIDED	MANUFACTURER:  UL/ETL LISTED: □ YES □ NO  OPERATED IN CONJUCTION N  FEEDER IS CERTIFIED BY: □ N  FEEDER IS ELECTRICALLY INT  TYPE: □ MURIATIC ACID □ SO  MANUFACTURER:  FEEDER IS CERTIFIED BY: □ N	MEETS NSF STD 50: WITH AN APPROVED SF = IAPMO = UL = TERLOCKED AS REQUIODIUM BISULFATE =	MODEL:  YES NO DISINFECTAN ENGINEER  IRED: YES CO <sub>2</sub> SUL MODEL: ENGINEER	GFCI P NT FEEDER: OTHER NO FURIC ACIE	PROTECTED:   YES   NO	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE PROVIDED  PH ADJUSTMENT FEEDER: SPECIFICATION SHEETS MUST BE PROVIDED  AUTOMATED	MANUFACTURER:  UL/ETL LISTED: □ YES □ NO  OPERATED IN CONJUCTION OF THE TO THE T	MEETS NSF STD 50: WITH AN APPROVED SF = IAPMO = UL = TERLOCKED AS REQUI ODIUM BISULFATE = SF = IAPMO = UL = TERLOCKED AS REQUI	MODEL:  YES   NO DISINFECTAN ENGINEER    IRED :   YES CO <sub>2</sub>   SUL MODEL: ENGINEER    IRED :   YES MODEL:	GFCI P NT FEEDER: OTHER NO FURIC ACID OTHER NO	PROTECTED:   YES   NO   NO   YES   NO   NO   NO   NO   NO   NO   NO   N	
DISINFECTANT FEEDER:  SPECIFICATION SHEET MUST BE PROVIDED  PH ADJUSTMENT FEEDER: SPECIFICATION SHEETS MUST BE PROVIDED  AUTOMATED CONTROLLER:  SPECIFICATION SHEETS MUST BE	MANUFACTURER:  UL/ETL LISTED: □ YES □ NO  OPERATED IN CONJUCTION N  FEEDER IS CERTIFIED BY: □ N  FEEDER IS ELECTRICALLY INT  TYPE: □ MURIATIC ACID □ SO  MANUFACTURER:  FEEDER IS CERTIFIED BY: □ N  FEEDER IS ELECTRICALLY INT  MANUFACTURER:	MEETS NSF STD 50: WITH AN APPROVED SF   IAPMO   UL   TERLOCKED AS REQUI ODIUM BISULFATE   SF   IAPMO   UL   TERLOCKED AS REQUI OF IAPMO   UL   TERLOCKED AS REQUI	MODEL:  YES   NO DISINFECTAN ENGINEER    IRED : YES  CO2   SUL  MODEL: ENGINEER    IRED : YES  MODEL: UL   ENGIN	GFCI PONT FEEDER: OTHER NO FURIC ACID OTHER NO	PROTECTED:   YES   NO   NO   PROTECTED:   YES   YES	

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# **CERTIFICATION OF CONTRACTED SERVICES**

## THIS FORM TO BE COMPLETED BY THE LEGAL OWNER OF FACILITY OR FACILITY REPRESENTATIVE

FACILITY INFORMATION						
FACILITY NAME:		FACILITY LOCATI	ON:			
	CONTRACTOR	INFORMATION	l			
CONTRACTOR NAME:		CONTRACTOR ADDRESS:				
CONTRACTOR CONTACT INFORMATION:			CONTRACTING LICENCE TYPE:			
EMAIL:	PHONE:					
I hereby certify that I have contracted the services of the above listed person/company to complete the work required by this application and to assist in the preparation and submission of plans, applications, and calculations to the Southern Nevada Health District. I understand the following:  1. Remodel work cannot begin until written approval is obtained(Initial)  2. The body of water must close at the start of work until written approval of work and re-opening is obtained(Initial)  3. The body of water must pass a complete operational inspection at the time of the final remodel inspection(Initial)  4. Failure to pass either the final remodel or operational inspections will result in the body of water remaining closed and re-inspection fees being assessed(Initial)						
FACILITY REPRESENTATIVE NAME: (PRINT)		TITLE:				
EMAIL.		DHONE.				
EMAIL:		PHONE:				
SIGNATURE:			DATE:			

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