



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.



6. Inspection Appointments:

- Appointments will be on a **first-come, first-served basis** and will depend on the assigned inspector workloads.
- 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 of the regulatory requirements and I understand the proper development of this project is my responsibility: _____ (initial)

Name, Print: _____ Signature: _____

Title: _____ Company: _____

Date: _____ Name of Facility: _____

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)			
<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	POOL/SPA WITH LIVING UNITS <input type="checkbox"/> YES <input type="checkbox"/> NO	PARTY POOL <input type="checkbox"/> YES <input type="checkbox"/> NO
BODY OF WATER TYPE			
<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> SPA	<input type="checkbox"/> WADING POOL	
<input type="checkbox"/> SPECIAL PURPOSE POOL TYPE:	<input type="checkbox"/> WATER RECREATION ATTRACTION TYPE:	<input type="checkbox"/> ACTIVITY POOL	
<input type="checkbox"/> CHILD AMUSEMENT LAGOON	<input type="checkbox"/> WATER SLIDE	<input type="checkbox"/> WATERCOURSE RIDE	
<input type="checkbox"/> WAVE POOL	<input type="checkbox"/> OTHER TYPE:		
FACILITY INFORMATION			
FACILITY NAME:			
FACILITY ADDRESS:			
ASSESSOR'S PARCEL NUMBER:	SECTION:	TOWNSHIP:	RANGE:
TYPE OF FACILITY:			
<input type="checkbox"/> HOME OWNER ASSOCIATION <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOTEL/HOTEL <input type="checkbox"/> HEALTH CLUB <input type="checkbox"/> OTHER _____			
OWNER:		PHONE:	
OWNER ADDRESS:		EMAIL:	
CONTRACTOR/ENGINEER INFORMATION (FILL IN ALL APPROPRIATE BOXES)			
POOL CONTRACTOR:		PHONE:	
		EMAIL:	
ADDRESS:		LICENSE NUMBER:	
ENGINEER/ARCHITECT:		PHONE:	
		EMAIL:	
ADDRESS:		LICENSE NUMBER:	

NAME, PRINT DATE

SEAL

SIGNATURE OF: ENGINEER A-10 A-10E ARCHITECT OTHER _____

SOUTHERN NEVADA HEALTH DISTRICT APPROVAL BY: _____
SIGNATURE 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.



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

IF ANY PART OF THE CIRCULATION EQUIPMENT OR SUCTION OUTLET COVERS WILL BE REMODELED, COMPLETE ALL CATEGORIES ON THE FOLLOWING TWO PAGES:



CIRCULATION SUCTION OUTLET COVER(S):	TYPE: <input type="checkbox"/> SPLIT DRAIN <input type="checkbox"/> CHANNEL / UNBLOCKABLE <input type="checkbox"/> SVRS <input type="checkbox"/> OTHER _____			
	MANUFACTURER:		MODEL:	
	COVER SIZE: _____ INCH	OPEN AREA: _____ SQ. INCH	QUANTITY:	
	LOCATION: <input type="checkbox"/> FLOOR <input type="checkbox"/> WALL <input type="checkbox"/> BOTH			
	MINIMUM SPACING: <input type="checkbox"/> 3 FT (SPA) <input type="checkbox"/> 4 FT (POOL) <input type="checkbox"/> CHANNEL <input type="checkbox"/> OTHER _____			
	COVER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER _____			
	MAX VELOCITY FLOOR _____ FPS		MAX VELOCITY WALL _____ FPS	
	MAX FLOW RATE FLOOR _____ GPM		MAX FLOW RATE WALL _____ GPM	
	COVER IS SHARED WITH AUXILIARY SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO IDENTIFY: _____			
	SUMP: <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> FIELD FABRICATED <input type="checkbox"/> OTHER _____			
AUXILIARY SUCTION OUTLET COVER(S):	FUNCTION: <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER _____			
	TYPE: <input type="checkbox"/> SPLIT DRAIN <input type="checkbox"/> CHANNEL / UNBLOCKABLE <input type="checkbox"/> SVRS <input type="checkbox"/> OTHER _____			
	HYDROTHERAPY JET QUANTITY:		OTHER DRAIN QUANTITY:	
	MANUFACTURER:		MODEL:	
	COVER SIZE: _____ INCH	OPEN AREA: _____ SQ. INCH	SPACING: _____ FT	
	LOCATION: <input type="checkbox"/> FLOOR <input type="checkbox"/> WALL <input type="checkbox"/> BOTH		COVER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER _____	
	HYDROSTATIC RELIEF VALVE INSTALLED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	MAX VELOCITY FLOOR _____ FPS		MAX VELOCITY WALL _____ FPS	
	MAX FLOW RATE FLOOR _____ GPM		MAX FLOW RATE WALL _____ GPM	
	SUMP: <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> FIELD FABRICATED <input type="checkbox"/> OTHER _____			
CIRCULATION PUMP:	FUNCTION: <input type="checkbox"/> CIRCULATION <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER _____			
	MANUFACTURER:		MODEL:	
	QUANTITY:	HP: _____	RPM: _____	MEETS NSF STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHASE:	GPM: _____ AT _____ TDH	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	VARIABLE FREQUENCY DRIVE (VFD): <input type="checkbox"/> YES <input type="checkbox"/> NO			
	VFD MANUFACTURER:		MODEL:	
	SPECIFICATION SHEET MUST BE PROVIDED			
AUXILIARY PUMP:	FUNCTION: <input type="checkbox"/> CIRCULATION <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER _____			
	MANUFACTURER:		MODEL:	
	QUANTITY:	HP: _____	RPM: _____	MEETS NSF STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHASE:	GPM: _____ AT _____ TDH	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	VARIABLE FREQUENCY DRIVE (VFD): <input type="checkbox"/> YES <input type="checkbox"/> NO			
	VFD MANUFACTURER:		MODEL:	
	SPECIFICATION SHEET MUST BE PROVIDED			



FILTER: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> SAND <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> D.E. <input type="checkbox"/> OTHER _____		QUANTITY:
	MANUFACTURER:		MODEL:
	TOTAL AREA: SQ.FT	AIR RELIEF: <input type="checkbox"/> AUTO <input type="checkbox"/> MANUAL	MEETS NSF STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
FILTER VALVE: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> MULTIPOINT <input type="checkbox"/> OTHER _____		MEETS NSF STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	MANUFACTURER:		MODEL:
	QUANTITY:	SIZE:	
FLOW REGULATING DEVICE:	MANUFACTURER:		MODEL:
HEATER: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER _____		SIZE: <input type="checkbox"/> BTU <input type="checkbox"/> kW
	MANUFACTURER:		MODEL:
	BYPASS PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO INTERNAL <input type="checkbox"/> YES <input type="checkbox"/> NO MANUAL <input type="checkbox"/> YES <input type="checkbox"/> NO		
DISINFECTANT FEEDERS: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> LIQUID <input type="checkbox"/> DRY CHEMICAL <input type="checkbox"/> GAS <input type="checkbox"/> IN-LINE ELECTROLYTIC CHLORINE GENERATOR		
	MANUFACTURER:		MODEL:
	QUANTITY:	UL/ETL LISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MEETS NSF STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	MAXIMUM APPROVED TOTAL FEEDER CAPACITY:		GALLONS
	FEEDER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER _____		
	FEEDER IS ELECTRICALLY INTERLOCKED WITH PUMP: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SECONDARY DISINFECTANT FEEDER: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> OZONE <input type="checkbox"/> ION <input type="checkbox"/> UV/H ₂ O ₂ <input type="checkbox"/> OTHER _____		QUANTITY:
	MANUFACTURER:		MODEL:
	UL/ETL LISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MEETS NSF STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	OPERATED IN CONJUNCTION WITH AN APPROVED DISINFECTANT FEEDER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	FEEDER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER _____		
	FEEDER IS ELECTRICALLY INTERLOCKED AS REQUIRED : <input type="checkbox"/> YES <input type="checkbox"/> NO		
pH ADJUSTMENT FEEDER: SPECIFICATION SHEETS MUST BE PROVIDED	TYPE: <input type="checkbox"/> MURIATIC ACID <input type="checkbox"/> SODIUM BISULFATE <input type="checkbox"/> CO ₂ <input type="checkbox"/> SULFURIC ACID <input type="checkbox"/> OTHER _____		
	MANUFACTURER:		MODEL:
	FEEDER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER _____		
	FEEDER IS ELECTRICALLY INTERLOCKED AS REQUIRED : <input type="checkbox"/> YES <input type="checkbox"/> NO		
AUTOMATED CONTROLLER: SPECIFICATION SHEETS MUST BE PROVIDED	MANUFACTURER:		MODEL:
	CONTROLLER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER _____		
WASTE DISPOSAL:	TYPE: <input type="checkbox"/> SUMP PIT <input type="checkbox"/> D.E. SEPARATION TANK <input type="checkbox"/> _____ INCH AIR GAP TO SEWER		
	CARTRIDGE RINSE TO: <input type="checkbox"/> MOP SINK <input type="checkbox"/> OTHER _____		



CERTIFICATION OF CONTRACTED SERVICES

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

FACILITY INFORMATION		
FACILITY NAME:		FACILITY LOCATION:
CONTRACTOR INFORMATION		
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:	PHONE:	
SIGNATURE:		DATE: