



Iowa Department of Public Health

Swimming Pool/Spa Construction Permit Application

(Must complete a separate pool data sheet for each pool or spa in construction)

Swimming Pools and Spas must be designed in compliance with 641 IAC Chapter 15, Swimming Pools and Spas. The following information **must be included** with your construction permit application (**please check all of the following boxes**).

- Complete Construction Permit Application
 - Includes pool data sheet for each new or reconstructed pool, spa, etc
- Construction Permit Fee
 - Due at time of submission - make payable to: **Iowa Department of Public Health**
- Plan Certification
 - **ALL** plans and specifications need to be sealed and certified by a licensed architect or engineer
- An electronic copy or (3) sets of complete plans and specifications (Civil/Arch/Struc/MEP/Pool) for the project
 - Site plans
 - Architectural plans
 - Mechanical plans (HVAC and Plumbing)
 - Electrical plans
 - Pool plans

Construction permit application, plans, specifications, and fee shall be submitted via mail or emailed to:

Swimming Pool Program
 Iowa Department of Public Health
 321 E. 12th Street
 Des Moines, IA 50319
 Email: poolpermits@idph.iowa.gov

Notice: Allow a minimum of **4 WEEKS** and up to **8 WEEKS** during peak periods (Apr-Sept) to allow for plan review and issuance of construction permit. Plan review **WILL NOT** begin until all required information has been completed and received.

Project			Project Description (required)
Facility Name:			
Address:			
City:	County:	Zip:	
Owner			
Business Name:			Contact Name:
Address:			Contact Telephone:
City:	State:	Zip:	Contact Email:
Engineer or Architect in Responsible Charge of Pool Design			
Business Name:		License #:	Contact Name:
Address:			Contact Telephone:
City:	State:	Zip:	Contact Email:
Contractor			
Business Name:			Contact Name:
Address:			Contact Telephone:
City:	State:	Zip:	Contact Email:

Pool Data Sheet

Project Type:		Facility Type:		Pool Type:	
<input type="checkbox"/> New <input type="checkbox"/> Reconstruction		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Camp		<input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Health/Country Club	
Environment:				<input type="checkbox"/> Swimming Pool >1500 sq ft <input type="checkbox"/> Swimming Pool <1500 sq ft <input type="checkbox"/> Wading Pool <input type="checkbox"/> Waterslide	
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor				<input type="checkbox"/> Spray Pad <input type="checkbox"/> Leisure River <input type="checkbox"/> Spa <input type="checkbox"/> Wave Pool	
Calculations (Must complete a separate form for each pool or spa in the project):					
Pool Surface Area (sq ft):		Pool Perimeter (ft):		Pool Volume (gal):	
Recirculation Rate (gpm):		Turnover Time (hours):		Pool Patron Load (people):	
Number of Slides:					
Recirculating System and Pump					
Recirculating Pump (make and model #):			Design Capacity: GPM:		<input type="checkbox"/> NSF listed
Flow Meter (make and model #):			Flow range (gpm):		TDH (ft):
Filter System					
Filter (make and model#):		Filter Type:		Filter System Type: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum	
Number of Filters:		Design flow (gpm):	Surface Area per filter (sq ft):		Filtration rate (gpm/sq ft):
Chemical Feed Systems and Secondary Disinfectant					
Disinfection make and model #:			Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Cl ₂ Gas <input type="checkbox"/> Other _____		
Maximum output: Gal/d: _____ lbs/d: _____			Day tank capacity: Gal: _____ lbs: _____		<input type="checkbox"/> NSF listed
Secondary Disinfectant <input type="checkbox"/> Ozone <input type="checkbox"/> UV					
pH control					
Make and model #:					
Maximum output: Gal/d: _____ lbs/d: _____			Day tank capacity: Gal: _____ lbs: _____		<input type="checkbox"/> NSF listed
Automatic ORP and pH Feed Controller Make and model #:					<input type="checkbox"/> NSF listed
Suction Fittings:					
Main Drains (make and model):			Number:		<input type="checkbox"/> ASME/VGB
Equalizer (make and model):			Number:		<input type="checkbox"/> ASME/VGB
Water Heater:					
Make and model #:		<input type="checkbox"/> AGA mark		<input type="checkbox"/> UL listed	
KW:		MBH:		<input type="checkbox"/> Combustion Air	
<input type="checkbox"/> Relief Valve					

Project Signature: <i>I certify that the foregoing data is a true statement of facts pertaining to this project as it is to be constructed</i>		
Engineer: _____	License #: _____	Date: _____
Owner: _____		Date: _____

Plan Review Fees

For reconstruction of an existing pool, spa or bathhouse please see the Reconstruction Guidelines and fees at the bottom of page 3.

Swimming, Wading, Wave Pool(s), Spray Pad, Leisure River (square feet)	Description	Plan Review Fee (dollars)	Quantity	Fee Total
*This may include one water slide	Less than 500 sq ft	\$165		
	500-999 sq ft	\$275		
	1000-1999 sq ft	\$385		
	2000-3999 sq ft	\$550*		
	4000 and greater in sq ft	\$825*		
Spa (gallons)				
	Less than 500 gal	\$165		
	500-999 gal	\$275		
	1000 and greater in gal	\$385		
Water Slide(s)				
	Water slide and dedicated plunge pool	\$550		
	<u>Each</u> additional water slide into a plunge or swimming pool	\$165		
			Subtotal	
Do two or more pools share a common recirculating system? If yes- subtract 25% from fee total If no, continue with regular fee total			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Final Subtotal	

If a project is started before a construction permit is issued, the plan review fee shall be **150 percent of the fee** normally required. The department may require that construction not done in accordance with the rules be corrected before a facility is used.

Reconstruction Guidelines

The fee of any reconstruction project is **\$250 for each swimming pool, spa or bathhouse to be altered.**

Reconstruction Type	Quantity	Fee Total (Dollars)
<input type="checkbox"/> Pool	Pool: _____	\$ _____
<input type="checkbox"/> Spa	Spa: _____	\$ _____
<input type="checkbox"/> Bathhouse	Bathhouse: _____	\$ _____
<input type="checkbox"/> Other	Other: _____	\$ _____

Reconstruction includes the replacement or modification of:

- a swimming pool or spa shell or deck
- swimming pool or spa recirculation system
- perimeter overflow gutter or skimmer
- bathhouse associated with a public swimming pool or spa

Reconstruction does not include:

- replacement of equipment or piping of the original number, type and size of the swimming pool or spa previously approved by the Iowa Department of Public Health
- normal maintenance