



Washington County
Department of Health & Human Services

Environmental Health
155 North First Avenue, Room 160, MS 5
Hillsboro, OR 97124
Telephone #: (503) 846-8722

An application is hereby made to construct the following swimming pool and/or facility. It is understood that a construction permit issued under this application must be received by the owner or his legal agent prior to any actual work on the project.

Name of pool and/or facility: _____ (Trade Name)

Location: _____, Oregon
(Street Number) (City) (County)

Name and Address of:

Owner (Name) (Street Number) (City) (Zip) (Phone #)

Builder (Name) (Street Number) (City) (Zip) (Phone #)

Architect of Engineer:

(Name) (Street Number) (City) (Zip) (Phone #)

Type of Facility: (Mark One)

- Swimming Pool Wading Pool Water Park Spa Pool

The above pool or facility is to be operated in conjunction with a: (Check which applies)

- Travelers Accommodation School
Mobile Home Park Homeowners
Apartments Recreational Park
Condominiums Other-Indicate _____

All permits and licenses shall terminate one year after being issued. It is agreed that the above described facility will be constructed in compliance with the plans and specifications as approved by the Washington County Department of Health and Human Services, and will be operated subject to the provisions of Chapter 448, Oregon Revised Statutes, and Chapter 333 of Administrative Rules of Oregon State Board of Health.

Signature: _____ Date: _____
Owner Agent

Do Not Write Below This Line ***** For Office Use Only

Limitations or Conditions: _____

Date Application Approved: _____ By: _____
Permit Number: _____

EQUIPMENT SPECIFICATIONS

Pool Name: _____ Location: _____

Each item listed below must be completed before your application for a pool construction permit will be accepted. For those items that do not apply, please fill in NA (not applicable).

- 1) Pump (recirc): a) Manuf.: _____ b) Model #: _____
(incl. pump curve) c) Horsepower: _____ d) GPM @ 60 TDH: _____
- 2) Pump (hydrotherapy only): a) Manuf.: _____ b) Model #: _____
(incl. pump curve) c) Horsepower: _____ d) GPM @ 45 TDH: _____
- 3) Filter: a) Manuf.: _____ b) Model #: _____
c) Square ft.: _____ d) Type: _____
- 4) Skimmer: a) Manuf.: _____ b) Throat width: _____
- 5) Main Drain (Label corresponding number on piping schematic)
#1: a) Manuf.: _____ b) Type: _____ c) Open area: _____
#2: a) Manuf.: _____ b) Type: _____ c) Open area: _____
#3: a) Manuf.: _____ b) Type: _____ c) Open area: _____
#4: a) Manuf.: _____ b) Type: _____ c) Open area: _____
- 6) Hydrostatic Relief Valve (size): _____
- 7) Chlorinator:
a) Manuf.: _____ b) Model #: _____ c) Type: _____
- 8) Water Heater:
a) Manuf.: _____ b) Model #: _____ c) Fuel: _____
- 9) Piping (type):
(size): a) Recirc. Returns: _____
b) Main Drain: _____
c) Skimmer: _____
d) Hydrotherapy: _____
- 10) Deck Material (and finish): _____
- 11) Method of Drainage: _____
- 12) Underwater light (wattage): _____

In addition to the equipment list, plans must also accompany the application. Each set must contain the following (labeled and to scale):

- 1) Plan review
- 2) Cross section through steps and main drain
- 3) Overall plan showing pool in relation to other facilities in area
- 4) Detailed view of equipment room layout
- 5) Vicinity map
- 6) Piping schematic showing pipe size, inlets, main drains, skimmers, vacuum fittings