



Public Health
Prevent. Promote. Protect.

Transylvania County
Department of Public Health

Environmental Health Section

98 E. Morgan St., Brevard, NC 28712
828-884-3139 x243 • Fax: 828-884-3259

Application to Construct, Install, Remodel or Modify a Public Swimming Pool

Date Received: _____ Receipt # _____

The owner of the property described below applies to Transylvania County Environmental Health for a permit to:

1. Construct or Install a facility
 Remodel or modify a facility
2. Commercial
 Residential
3. Community Served:
 Fitness/Athletic
 Institution
 Multi-Family
 Hotel/Motel
 Single family homes
 Swim club
 Mixed use (single/multi family)
 Other _____
4. Type of Pool: *(for definitions, see rule 15A NCAC 18A .2508)*
 Swimming pool
 Spa (whirlpool)
 Wading (baby) pool
 Water recreation attractions (wave pools, etc.)
 Special purpose pool (float tanks, swim spas, etc.)
5. Bather Load: _____
6. Initial below to indicate an emergency telephone and required signage will be provided in the pool area.
Initials: _____
7. Pool Surface: _____ ft²
Deck Surface: _____ ft²
Average Depth: _____ ft
Maximum Depth: _____ ft
Perimeter: _____ ft
8. Volume: _____ gallons
9. Water Supply
 Municipal
 Other
10. Sewage Disposal:
 Municipal
 Other
11. Backwash Wastewater Disposal:
 Sanitary sewer
 Sump pit with 6" air gap
12. Barrier type: _____
Height: _____ ft.
13. Drawings Provided with this application:
 Site layout Surface view of pool
 Toilet/restroom Cross-section of pool
 Equipment room Equipment schematics
 Chemical room Piping plan
14. Name of Owner: _____
15. Address of Owner: _____
16. Phone: office _____ cell/home _____ email: _____
17. Facility Location: _____ City: _____ Zip: _____
(street address)
18. Name of Contractor : _____
19. Address of Contractor: _____
20. Phone: office _____ cell/home _____ email: _____
21. Name of Subdivision, Block/Lot # (pool site) _____
22. Name of Complex (Public): _____

The undersigned person hereby agrees that the contents of this application are true. It is understood that an operation permit applied for subsequent to this approval may not be issued if any of the above facts are not true.

23. Owner/Representative _____ Date of Application _____

Approval Date: _____ Letter: _____ By: _____