



SWIMMING POOL APPLICATION

State Form 43038 (R / 6-96)

For pools and spas only. If the project includes a building, please also execute an Application For Construction Design Release.

Return to: INDIANA DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
PLAN REVIEW BRANCH
INDIANA GOVERNMENT CENTER SOUTH
402 W WASHINGTON ST RM E245
INDIANAPOLIS IN 46204-2739

www.in.gov/dhs/fire/branches/plan_review/

PLEASE PRINT CLEARLY

PROJECT INFORMATION

Name of project		Project Number	
Address (number and street)		City:	County
Facility use <input type="checkbox"/> Spa <input type="checkbox"/> Spa / Pool <input type="checkbox"/> Pool	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Public Swimming Pool Types <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Wading <input type="checkbox"/> Zero Depth	
Pool Type:		Other (specify):	

OWNER'S CERTIFICATE (Must Be Executed)

As owner of the project for which this application is being filed, I hereby certify:

- The description of use and information contained on this application are correct;
- the project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission;
- any changes to the released documents will be filed with the Office of the State Building Commissioner.

Authorized signature		Name of owner or business	
Name (typed or printed)		Address (number and street)	
Title		City, State, Zip Code	
Telephone Number:	Fax Number:	E-Mail:	Facility use:

DESIGN PROFESSIONAL CERTIFICATE

(Must Be Executed for all public swimming pools and public spas)

As the design professional for the project for which this application and plans are being filed, I hereby certify:

- I am qualified and competent to design such buildings, structures, and systems;
- the plans and filed in conjunction with this application were created by me and / or by persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;
- the project data contained on this application is correct and corresponds with the plans that are being filed in conjunction with this application;
- the design professional identified below or a designee will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations; and
- I affirm under penalty of perjury that the representations contained herein are true and I further understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Responsibility is for the following systems:		<input type="checkbox"/> Site	<input type="checkbox"/> Foundation	<input type="checkbox"/> Structural	<input type="checkbox"/> Architectural	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> All Above	<input type="checkbox"/> Other (specify) _____		
Signature		Name of firm (if applicable)				
Name (typed or printed)		Address (number and street)				
Indiana Registration Number:		<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	City, State, Zip Code		
Telephone Number:	E-Mail:	Fax Number:				
Designated Inspecting Design Professional:		Indiana Registration Number:		Telephone Number:		

STANDARD FILING FEE	PROCESSING	PARTIAL	FOUNDATION	INSPECTION	LATE FILING	TOTAL
		NA	NA			

DESIGN CRITERIA

Pool surface Area (sf)		Deck Surface Area (sf)		Total Surface Area (sf)	
Pool Volume (cu. ft.)	Pool Volume (gals.)	Required Turnover Time (hrs.)	Actual Turnover Time (hrs.)	Required GPM	

PUMP AND RECIRCULATION SYSTEM

Recirculating Pump (<i>make and model number</i>)	Total Dynamic Head (<i>ft.</i>)	Pump Capacity Maximum GPM
Backwash Pump (<i>make and model number</i>)	Total Dynamic Head (<i>ft.</i>)	Pump Capacity Maximum GPM

Filter System

Filter (<i>make and model number</i>)	Number of Filters or Elements	Total Surface Area per Filter or Element (<i>sq. ft.</i>)
Rate of Filtration GPM	Rate of Filtration (<i>gpm / sf.</i>)	Required GPM
Filter Type: <input type="checkbox"/> High Rate Sand <input type="checkbox"/> Rapid Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> Diatomite	Filter System Type <input type="checkbox"/> Open (<i>gravity</i>) Closed <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum	Rate of Backwash (<i>gpm/sq.ft.</i>)

DISINFECTANT SYSTEM

Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Cl 2 Gas <input type="checkbox"/> Other: _____	Make and Model Number:
Maximum Dosing Rate (<i>PPM</i>)	Minimum Dosing Rate (<i>PPM</i>) Injection Point

FEEDERS

Chemical (<i>make and Model</i>)	Capacity:	Slurry (<i>make and model</i>)	Capacity:
Maximum Dosing Rate (<i>PPM</i>)	Minimum Dosing Rate (<i>PPM</i>)	Maximum Dosing Rate (<i>PPM</i>)	Minimum Dosing Rate (<i>PPM</i>)

GAUGES

Type: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum	Range <i>GPM</i>	Flowmeter Pipe Size:
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INLETS

Inlets: <input type="checkbox"/> Directional <input type="checkbox"/> Adjustable <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Maximum GPM per Inlet	Actual GPM per Inlet
Total Number of Inlets	Minimum Discharge Piping Velocity (<i>FPS</i>)	Piping Discharge Size (<i>in. dia.</i>)

OVERFLOW

Outlets <input type="checkbox"/> Gutters <input type="checkbox"/> Skimmers	Make and Model Number	Flow through (<i>gutters</i>) (<i>skimmers</i>) (<i>percent</i>)
Piping Size (<i>in. dia.</i>)	Flow Rate in GPM	Listing Agency (<i>gutters</i>) (<i>skimmers</i>)

MAIN OUTLET

Outlets size (<i>cubic ins.</i>)	Grate Opening area Required (<i>sq.in.</i>)	Grate Opening area Provided (<i>sq.in.</i>)
Velocity through Grate (<i>FPS</i>)	Flow through Main Drain (<i>GPM</i>)	Drain Piping area (<i>sq. in.</i>)
	Pipe Size (<i>in. dia.</i>)	<input type="checkbox"/> Hydrostatic Relief Value <input type="checkbox"/> Other

SUPPLY AND MAKE-UP WATER

Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private	Size of fill spout (<i>in.</i>)	Location	Fill device <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	<input type="checkbox"/> Airgap <input type="checkbox"/> Backflow Prevent
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POOL (WASTEWATER) DISCHARGE

Water Discharge <input type="checkbox"/> Public <input type="checkbox"/> Private	Backwash <input type="checkbox"/> Open <input type="checkbox"/> Closed	Backwash Pit <input type="checkbox"/> Sump <input type="checkbox"/> Injector	Backwash Pit Airgap <input type="checkbox"/> Yes <input type="checkbox"/> No
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PIPING

Materials	ASTM (<i>numbers</i>)	Schedule Number
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Heating

Make and Model	Heating Source <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other	BTU / Hr.	Capacity and Location	Maximum Temperature (<i>F.</i>)
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