

**COUNTY OF ERIE
DEPARTMENT OF HEALTH**

**APPLICATION FOR APPROVAL OF PLANS & SPECIFICATIONS FOR THE CONSTRUCTION OR ALTERATION OF
AN ARTIFICIAL SWIMMING POOL AND APPURTENANCES**

Name of Applicant _____
Address of Applicant _____ _____
Applicant Representing City, Village, Town Institution or Corporation: _____ _____
Name of Swimming Pool _____
City, Town, or Village of Swimming Pool _____
Exact Location of Swimming Pool _____ _____
Name & License No. of Engineer/Architect _____
Address of Engineer/Architect _____ _____
Estimated Cost of Project _____

It is hereby agreed that if the plans dated _____ or any amendment or revision thereof, are approved by the Department of Health, the swimming pool and appurtenances will be constructed in accordance with the details thereof as shown on such approved plans.

Signature _____

Title _____

This application must be signed by the owner or the proper officials of the corporation or legally constituted board or commission having charge of work. The signature of the designing engineer or other agent will be accepted if accompanied by a letter of authorization.

INSTRUCTIONS

- 1. This application must be accompanied by one set of plans and specifications with one copy of DOH 1309.**
- 2. The application must be accompanied by a plan review fee of \$300.00. Check should be made payable to the Commissioner of Finance.**
- 3. The project must comply with the provisions of the New York State Sanitary Code Part 6-1.**