

Public Pool Plan Review Application

Application submittal

Complete the following steps to submit your application.

1. Email application and supporting information to health.swimmingpools@state.mn.us. List project name in email subject line.

2. Mail fee to:

Minnesota Department of Health
Food, Pools, and Lodging Services Section
P.O. Box 64975
St. Paul, MN 55164-0975

No cash, credit, or debit cards accepted. Make checks payable to Minnesota Department of Health. Mail check with copy of application.

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check pursuant to Minnesota Statutes, Section 604.113, subd. 2(a). Additional civil penalties may be imposed for nonpayment.

Provide supporting information

New construction

Provide the following supporting information for construction or installation of a new public pool. An engineer licensed in Minnesota must certify your plans.

- **Site plan** drawn to scale with dimensions, showing details such as the facility layout, pool enclosure area, pool enclosure area access restriction and fencing, pool enclosure area lighting, restroom and shower areas, mechanical room location, and related facilities such as sauna and exercise rooms.
- **Pool plan** drawn to scale with dimensions, including top and profile views, showing all equipment and features such as recirculation inlets, skimmers, gutters, suction outlets/main drains, recirculation system piping, ladders, steps, handrails, diving boards, slides, and play features.
- **Recirculation system plan** showing details such as piping, pipe sizing, equipment locations, equipment connections, valves, flow meters, thermometers, pool water fill, and filter backwash/pool drain down point of discharge.
- **Equipment list** specifying manufacturer, model number, and size. Provide manufacturer's specification sheet(s). Include equipment such as pumps, filters, disinfection systems, and suction outlet fitting assemblies.
- **Pool data** such as volume, surface area, depth range, and design recirculation rate.

Alteration

Provide the following supporting information for alteration of a public pool.

- **Existing equipment list** specifying manufacturer, model number, and size. Provide manufacturer's specification sheet(s). Include equipment such as pumps, filters, disinfection systems, and suction outlet fitting assemblies.

PUBLIC POOL PLAN REVIEW APPLICATION

- **New equipment list** specifying manufacturer, model number, and size. Provide manufacturer’s specification sheet(s).
- **Pool data** such as volume, surface area, depth range, recirculation rate, and number of skimmers.

Based on the scope of the project, or when requested by the Minnesota Department of Health, provide a site plan, pool plan, and recirculation system plan.

- **Site plan** with dimensions, showing details such as the facility layout, pool enclosure area, pool enclosure area access restriction and fencing, pool enclosure area lighting, restroom and shower areas, mechanical room location, and related facilities such as sauna and exercise rooms.
- **Pool plan** with dimensions, including top and profile views, showing all equipment and features such as recirculation inlets, skimmers, gutters, suction outlets/main drains, recirculation system piping, ladders, steps, handrails, diving boards, slides, and play features.
- **Recirculation system plan** showing details such as piping, pipe sizing, equipment locations, equipment connections, valves, flow meters, thermometers, pool water fill, and filter backwash/pool drain down point of discharge.

Disinfection system change

Provide the following supporting information for a public pool disinfection system change.

- **Existing disinfection system** specifying manufacturer, model number, and size.
- **New disinfection system** specifying manufacturer, model number, and size. Provide manufacturer’s specification sheet(s).
- **Pool data** such as volume, surface area, and depth range.

Project information

Project name _____

Project street address _____

City _____ State _____ Zip code _____

County _____

Select facility type:

Multi-family living

School/university

Community center/health club

Hotel/lodging

Municipal/park

Other _____

Select location(s): Indoor Outdoor

Project summary

Submitter information

Submitter name _____

Address _____

City _____ State _____ Zip code _____

Contact phone _____ Email _____

Owner/operator information

Owner/operator name _____

Address _____

City _____ State _____ Zip code _____

Contact phone _____ Email _____

Designer/builder information

Designer/builder name _____

Address _____

City _____ State _____ Zip code _____

Contact phone _____ Email _____

Fee schedule

Fill out the following table(s) to calculate your fee.

Fee

Project	Quantity	Fee	Amount
Pool <i>(including recirculating splash pad)</i>			
Spa pool			
Alteration			
Disinfection system change			
		Total fee	

Fee

Project	Estimated project cost	Amount
Project valued at \$250,000 or more <i>Total fee from above table, or 0.5% of estimated project cost (whichever is greater). \$15,000 maximum fee. Provide estimated project cost documentation. If maximum fee is paid, documentation is not needed.</i>		
		Total fee

Minnesota Department of Health
 Food, Pools, and Lodging Services
 651-201-4500
health.swimmingpools@state.mn.us
www.health.state.mn.us

10/10/2024

To obtain this information in a different format, call: 651-201-4500.