



## Swimming Pool & Spa Construction/Reconstruction Permit Application

Iowa Department of Inspections, Appeals, & Licensing Swimming Pool/Spa Program 6200 Park Ave, Suite 100 Des Moines, IA 50321	For questions or to email plans, contact:  Pools@dia.iowa.gov
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Swimming Pools and spas must be designed in compliance with 641 IAC Chapter 15, Swimming Pools and Spas. All plans and specifications must be sealed and certified by a licensed architect or engineer. Allow a minimum of **4 WEEKS** and up to **16 WEEKS** during peak periods (Apr-Sept) to allow for plan review and issuance of construction permit. Plan review **WILL NOT** begin until all required information has been completed and received.

The following information **must be** included with your construction permit application and mailed/mailed to the department above:

- A **Pool Data Sheet** for each new or reconstructed pool, spa, etc.
- Construction permit fee payable as check or money order to the department listed at top of form
- Plans with certification (Civil/Arch/Struc/MEP/Pool)

Project			Project Description <span style="color: red;">(required)</span>
Facility Name:			
Address:			
City:	County:	Zip:	
<b>Owner</b>			
Business Name:			Contact Name:
Address:			Contact Telephone:
City:	State:	Zip:	Contact Email:
<b>Engineer or Architect in Responsible Charge of Pool Design</b>			
Business Name:		License #:	Contact Name:
Address:			Contact Telephone:
City:	State:	Zip:	Contact Email:
<b>Contractor</b>			
Business Name:			Contact Name:
Address:			Contact Telephone:
City:	State:	Zip:	Contact Email:

<b>Project Signature:</b>			
<i>I certify that the foregoing data is a true statement of facts pertaining to this project as it is to be constructed</i>			
Engineer: _____	Owner: _____		
License # _____ Date: _____	Date: _____		

# Pool Data Sheet

Complete 1 sheet for each pool or spa

<b>Project Type:</b>		<b>Facility Type:</b>		<b>Pool Type:</b>	
<input type="checkbox"/> New <input type="checkbox"/> Reconstruction		<input type="checkbox"/> State <input type="checkbox"/> Condominium <input type="checkbox"/> County <input type="checkbox"/> Apartment <input type="checkbox"/> Municipal <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Camp <input type="checkbox"/> Health Club/Country Club <input type="checkbox"/> Other: _____		<input type="checkbox"/> Swimming Pool >1500 sq ft <input type="checkbox"/> Spray Pad <input type="checkbox"/> Swimming Pool <1500 sq ft <input type="checkbox"/> Leisure River <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa <input type="checkbox"/> Water Slide <input type="checkbox"/> Wave Pool <input type="checkbox"/> Other: _____	
<b>Environment:</b>					
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor					
<b>Calculations:</b>					
Pool Surface Area (sq ft):		Pool Perimeter (ft):		Pool Volume (gal):	
Recirculate Rate (gpm):		Turnover Time (hours):		Pool Patron Load (people):	
Number of Water Slides: _____					
<b>Recirculating System &amp; Pump</b>					
Recirculating Pump (make and model #):			Design Capacity: _____ GPM:		<input type="checkbox"/> NSF Listed
Flow Meter (Make and Model #):			Flow Range (gpm):		TDH (ft):
<b>Filter System</b>					
Filter (Make and Model #):		Filter Type:		Filter System Type: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum	
Number of Filters:		Design Flow (gpm):	Surface Area Per Filter (sq ft):	Filtration Rate (gpm/sq ft):	
<b>Chemical Feed Systems and Secondary Disinfectant</b>					
Disinfection make and Model #			Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Cl <sup>2</sup> Gas <input type="checkbox"/> Other _____		
Maximum Output: Gal/d: _____ lbs/d: _____			Day tank Capacity Gal: _____ lbs: _____		<input type="checkbox"/> NSF Listed
Secondary Disinfectant: <input type="checkbox"/> Ozone <input type="checkbox"/> UV					
pH Control Make and Model #:					
Maximum Output: Gal/d: _____ lbs/d: _____			Day Tank Capacity Gal: _____ lbs: _____		<input type="checkbox"/> NSF Listed
Automatic ORP and pH Feed Controller Make and Model #:					<input type="checkbox"/> NSF Listed
<b>Suction Fittings:</b>					
Main Drains (Make and Model #):			Number:		<input type="checkbox"/> ASME/VGB
Equalizer (Make and Model #):			Number:		<input type="checkbox"/> ASME/VGB
<b>Water Heater:</b>					
Make and Model #:		<input type="checkbox"/> AGA Mark		<input type="checkbox"/> UL Listed	
Maximum Output:					
KW:		MBH:		<input type="checkbox"/> Relief Valve	
				<input type="checkbox"/> Combustion Air	

## Plan Review Fee Table (For New Construction)

If a project is started before a construction permit is issued, the plan review fee shall be **150 percent of the fee** normally required. The department may require that construction not done in accordance with the rules be corrected before a facility is used **IAC 641-15.12(4)c**

Swimming, Wading, Wave pool(s), Spray Pad, Leisure River Surface Area:	Plan Review Fee	Quantity	Fee Total
Less than 500 Square Feet	\$165.00		
500-999 Square Feet	\$275.00		
1,000-1,999 Square Feet	\$385.00		
2,000-3,999 Square Feet <i>(May include 1 water slide)</i>	\$550.00		
4,000+ Square Feet <i>(May include 1 water slide)</i>	\$825.00		
<b>Spa (Hot Tub) Volume:</b>			
Less than 500 gallons	\$165.00		
500-999 gallons	\$275.00		
1,000+ gallons	\$385.00		
<b>Water Slide(s):</b>			
Water slide and dedicated plunge pool	\$550.00		
Each additional water slide into a plunge or swimming pool	\$165.00		
<b>Subtotal:</b>			<b>\$</b>
Do two or more pools share a common recirculation system?			<input type="checkbox"/> Yes
Yes – Subtract 25% from fee total			<input type="checkbox"/> No
No – Continue with the regular fee total			
<b>Subtotal:</b>			<b>\$</b>
Was the project started before a construction permit was issued?			<input type="checkbox"/> Yes
Yes – Add 150% of the fee total			<input type="checkbox"/> No
No – Continue with the regular fee total			
<b>TOTAL:</b>			<b>\$</b>

## Reconstruction Guidelines and Fees

**Reconstruction includes the replacement or modification of:**

- A swimming pool or spa shell or deck
- Swimming pool or spa recirculation system
- Perimeter overflow gutter or skimmer
- Bathhouse associated with a public swimming pool or spa

**Reconstruction does not include:**

- Replacement of equipment or piping of the original number, type and size of the swimming pool or spa previously approved by the Iowa Department of Public Health
- Normal maintenance

The fee for any reconstruction project is **\$250 for each** swimming pool, spa or bathhouse to be altered. If reconstruction was started before the construction permit was issued, add 150% to the Fee Total

Reconstruction Type:	Quantity:	Reconstruction Started Without a Permit?	Fee Total:
<input type="checkbox"/> Pool	Pool: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	\$ _____
<input type="checkbox"/> Spa	Spa _____		
<input type="checkbox"/> Bathhouse	Bathhouse: _____		
<input type="checkbox"/> Other	Other _____		