



Request to Waive the Requirement for Certified Plans and Specifications

(For chemical feed system changes, replacement of pumps or filters ONLY)

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| Return to: Iowa Department of Inspections, Appeals, & Licensing Swimming Pool Program 6200 Park Ave, Suite 100 Des Moines, Iowa 50321 | Email to: Pools@dia.iowa.gov |
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This form shall be completed by the facility owner or the facility owner's authorized representative

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|---|-------------------------------|---------------------------------|---------------|
| Owner Name: | | | |
| Owner Address: | | | |
| City | State: | Zip: | |
| Facility Name: | | | |
| Facility Address | | | |
| City | State: | Zip | County |
| Authorized Representative: | | | |
| Contact Phone: | | Contact Email | |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Spa | Surface Area(ft ²): | Volume (gal): |
| Scope of work limited to: | | | |
| <input type="checkbox"/> Chemical Feed | <input type="checkbox"/> Pump | <input type="checkbox"/> Filter | |
| Registration Number (if previously registered): | | | |

- I request that the department waive, as allowed under 15.5(2)"a", the requirement for plans and specifications to be sealed and certified by an engineer or architect licensed in Iowa.
- I certify that the project is limited to the addition or replacement of a chemical feed system, including a disinfection system, or a simple replacement of a filter or pump or both.
- I assume full responsibility for ensuring that the reconstruction complies with the Iowa Swimming Pool and Spa (Chapter 15) rules and with any other applicable federal, state and local laws, rules, and ordinances.
- I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and accurate.

Signature of Owner/Authorized Representative: _____

Date: _____

For Department Use Only

Construction Application Received: _____ Waived: _____ Denied: _____