

Office of Building Services

COMMERCIAL SWIMMING POOL CONSTRUCTION SPECIFICATIONS

This form is to be completed and submitted with plans and specifications in three copies along with the appropriate fee. New Construction _____ Revision ____ Modification ____ Original Serial No. If any SP-____ Name of Project Address of Pool _____ City ____ County ____ Phone Number () Mailing Address City State Zip 3. Pool Type: Conventional _____Spa ____Wading ____Special Purpose ____Water Recreation Attraction___ Indoor _____Outdoor ____Transient ____Non-transient ____ 4. No. of Units Served: _____No. of Stories _____Distance of Farthest Unit from Pool: ______Elevator: Yes ____No___ Water Closets Urinals Lavatories **Dressing Rooms** 5. Number of Sanitary Facilities: Distance From Male Pool: Female 6. Method of Waste Water Disposal: 7. Pool Volume in Gallons: ______ Bathing Load: _____ Water Source: _____ 8. Dimensions: Width:____ Length:____ Area:____ Perimeter:____ Depth: Max. ____ Min. ___ Shape_____ 9. Type Construction Material: Shell _____ Finish _____ Color_____ Color_____ 10. Equipment Make and Model: (A) Recirculation Pump:______ Flow _____ GPM At ____TDH___ HP _____Area _____Sq. Ft. Flow Capacity _____ (C) Disinfection Equipment: Capacity (GPD) or (PPD) (D) pH Adjustment Feeder: Capacity (GPD)

(E) Test Kit:

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The design	ın engi	ineer	certifies that the	пе р	lans and	specif	ications
provided	meet	the	requirements	of	Chapter	514	Florida
Statutes a	and Ch	apter	64E-9 of the F	lorio	da Admini	strativ	e Code,
and 2010	FBC 4	24.1					

These plans, specifications and related documents are approved and accepted by the owner/owner's representative.

Signature and seal: Engineer	Date registered under Flo	orida Statutes	DateSignature: Owner/Owner's Representative						
Typed Name and Florida reg	istration number		Typed Name and Title of Above Phone Number: E-mail:						
Phone Number:									
E-mail Address:									
Address:Street			Address:	eet					
City	State	Zip	City		State	Zip			
Construction on this project	shall be commenced	d within one year fr	om the date of a	oproval of this applic	ation.				
This approval is for the fur agent. There may be other lo									
Approval Stamp and Date			Ву:						
				Print Nam	ne				