



# ENGINEERING SUMMARY PRIVATE, RESIDENTIAL AND FAMILY SWIMMING POOL FOR ABOVE GROUND POOL ONLY

**\*Fill out the application- \*Mail or bring BOTH application & fee to:**  
1111 S. 41<sup>st</sup> St., Ste 130, Omaha, NE 68105 (402) 444-7480

## SWIMMING POOL PLAN REVIEW: \$41.00

The provisions of this article shall apply to all private, residential or family swimming pools within the jurisdiction of the city or county.

### ATTENTION!

**Before the initial work is commenced on the construction of a private, residential or family pool, an application for a permit from the DCHD is required.** The pool construction plans shall be accompanied by:  
✓ One set of construction drawings, ✓ One plot plan for examination and ✓ Approval in accordance with the provisions of this code. The application must be completed in full or it will be returned.

The construction drawings\* and permit for a private, residential or family pool shall be approved by the DCHD before the applicable permits shall be issued by the permits and inspections division. (\*Construction drawings shall be drawn to scale and clearly legible.)

### I. Contractor & Owner Information:

- a) Pool Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_
- b) Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_
- c) Owner's Telephone: \_\_\_\_\_
- d) Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_
- e) Classification: Above-grade  $\geq$  24 in. \_\_\_\_\_

### II. Shape, Dimensions and Capacity:

- a) Shape: Rectangular: \_\_\_\_\_ Circular (Dia.): \_\_\_\_\_ Other: \_\_\_\_\_

Distance pool wall to lot line \_\_\_\_\_

- b) Volume, gallons: \_\_\_\_\_
- c) Surface Area, ft<sup>2</sup>: \_\_\_\_\_
- d) Perimeter, ft.: \_\_\_\_\_
- e) Skimmers: No: \_\_\_\_\_
- f) Depth: Above-grade (D1) \_\_\_\_\_



- g) Will wall of house serve as part of enclosure barrier? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, one of the following is required:*

- \_\_\_\_\_ 1) all doors including sliding doors with direct access to pool shall be equipped with approved automatically resetting audible alarm.
- \_\_\_\_\_ 2) doors shall be self-closing and latching with release mechanism for latch installed 45 inches above threshold.
- \_\_\_\_\_ 3) pool shall be equipped with approved power safety cover.

**III. Fencing Requirements:**

- Responsibility: Homeowner \_\_\_\_\_
- a) Fence and/or enclosure: \_\_\_\_\_ Type: Wood \_\_\_\_\_ PVC \_\_\_\_\_ Chain link \_\_\_\_\_ Wrought iron \_\_\_\_\_  
 Height \_\_\_\_\_ ft. Pool barrier min. 48" \_\_\_\_\_
- b) Are fence openings less than or equal to 4 inches in width? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) Self-closing/latching gates: Yes \_\_\_\_\_ No \_\_\_\_\_ Latch 45" \_\_\_\_\_
- d) Means of ingress and egress to and from pool: Above-grade: Ladders \_\_\_\_\_ Removable \_\_\_\_\_  
 \*A removable ladder shall not constitute an acceptable barrier. Ladder access area shall be enclosed with approved 48" fence with self-closing and self-latching gate. Yes \_\_\_\_\_ No \_\_\_\_\_
- e) Safety Appliances: Life Buoy \_\_\_\_\_ Life Hook \_\_\_\_\_ First-Aid Kit \_\_\_\_\_ Life Line \_\_\_\_\_

**IV. Mechanical Equipment, Piping, etc.:**

- a) Pool Filter:  
 Brand Name: \_\_\_\_\_ NSF Approved: \_\_\_\_\_  
 Type: Sand \_\_\_\_\_ Cartridge \_\_\_\_\_  
 Model #: \_\_\_\_\_
- b) Disinfection:  
 Type: Calcium Hypochlorite \_\_\_\_\_ Sodium Hypochlorite \_\_\_\_\_ Bromine \_\_\_\_\_  
 Chlorine Generation \_\_\_\_\_ Chlorinated Isocyanurates \_\_\_\_\_ Other \_\_\_\_\_
- c) Pool Piping:  
 Above grade: Plastic\* \_\_\_\_\_ Galv. or Cast Iron \_\_\_\_\_ Other \_\_\_\_\_  
 Below grade: Plastic\* \_\_\_\_\_ Galv. or Cast Iron \_\_\_\_\_ Other \_\_\_\_\_  
 (\* All plastic pipes must be NSF Approved.)
- d) Method of filling pool:  
 Fill Spout \_\_\_\_\_ Air Gap \_\_\_\_\_ inches. Garden Hose w/ Back-siphonage device \_\_\_\_\_
- e) Method of disposal for filter back-wash \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ATTENTION HOMEOWNERS!**

**Pools must not open until final inspection is completed by the DCHD.**

This includes installation of fence and gate before a project completion permit will be issued.

For final inspections, call 402-444-7485

**FOR DOUGLAS COUNTY HEALTH DEPARTMENT USE ONLY**

Application Fee:

Rcd By: \_\_\_\_\_ Date Rcd: \_\_\_\_\_ Amount Rcd: \$ \_\_\_\_\_

(Initials)

Approved  Denied \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Name/Title)

Check # \_\_\_\_\_  Cash  MO