

The Allegheny County Health Department (ACHD) requires plan approval prior to the operation, construction, or renovation of a public bathing facility in Allegheny County. Plans must be submitted to this office for review. This will prevent costly delays in the issuance of the required Health Permit and assure compliance with our regulations.

Submit the following items to this office in order to obtain approval:

- 1. Completed copy of the enclosed PA Dept. of Health Bathing Place Application. (One copy must also be sent to the Pa. Dept. of Health as instructed in the application.)
- 2. 1-page ACHD Health Permit application.
- 3. A copy of the approved local authority construction permit.
- 4. Blueprints for the bathing place as approved by the Construction Permit-Issuing Authority.
- 5. Manufacturer's specifications for the pump and filtration system.
- 6. A check made payable to the "Treasurer of Allegheny County" for the plan review fee in the amount determined from the following plan review fee Schedule:

PLAN REVIEW FEE SCHEDULE: POOLS, HOT TUBS, RECYCLING SPRAY PADS

Square Footage	Fee
6000 or less	\$63.60
6001 to 13500	\$128.26
13501 to 50000	\$159.00
50001 or more	\$186.56

This Department will not issue plan approval until all the required items are received. If additional information is required, you will be notified.

Enclosed is a copy of Allegheny County Health Department Rules and Regulations, Article IX, "Bathing Places", which pertain to the operation of this type of facility. In addition, this facility must also comply with applicable requirements of the various authorities having jurisdiction. The Allegheny County Health Department Plumbing Program (412-578-8036) requires plans to be submitted and a plumbing final inspection. Please see the attached checklist for other documents that must be submitted prior to inspection.





Application for Health Department Permit Housing & Community Environment Program Plan Review Section 3190 Sassafras Way Pittsburgh PA 15201 (412)-350-4046

Facility Information			
Name of Facility:			
Facility Address:			
City/State/Zip:			
Facility Phone:			
Municipality:			
Operator Information			
Name of Operator:			
Operator Contact Person:			
Operator Mailing Address:			
City/State/Zip:			
Operator Phone:			
the facility. Circle as many as ap	oply to an individual bathing place.) Water Slide landing pool	School Pool	
Wading Pool	Wave Pool	Other	
Hot Tub/Spa	Bathing Beach	Other	
Recycling Spray Pad	Condominium/HOA Pool		
Contact Person	Title		
Address			
City/State/Zip			
Phone:	Proposed date to Open:		
	ion is true and correct to the best of my know	vledge.	
Signature			
	Date		

Application Checklist		
 □ Copy of construction permit □ Copy of the blueprints as approved by the Construction Permit-Issuing Authority □ Copy of Completed PA DOH Bathing Place Application □ 1-page ACHD Health Permit Application □ Equipment specifications from the manufacturer □ Check for the appropriate plan review fee made payable to "Treasurer of Allegheny County" 		
On-site Operational Inspection Documentation		
 □ Copy of an approved Electrical Inspection Certificate, indicating compliance with the National Electric Code (see Article IX, Sec. 919 D) □ Copy of most recent bacterial test report □ Bathing Place Manager certification (if applicable) □ Lifeguard certifications (if applicable) □ Final Plumbing inspection □ Appropriate signage and public notices 		