

COUNTY OF



ALLEGHENY

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.



ALLEGHENY COUNTY HEALTH DEPARTMENT
HOUSING & COMMUNITY ENVIRONMENT PROGRAM
3190 SASSAFRAS WAY (NEAR 32ND ST. AT LIBERTY AVE.)
PITTSBURGH, PA 15201-1443
PHONE: 412.350.4046 • FAX: 412.350.2792
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT



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: _____

Circle the Type of Facility: (Please complete a separate application for each bathing place at the facility. Circle as many as apply to an individual bathing place.)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Water Slide landing pool | <input type="checkbox"/> School Pool |
| <input type="checkbox"/> Wading Pool | <input type="checkbox"/> Wave Pool | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hot Tub/Spa | <input type="checkbox"/> Bathing Beach | |
| <input type="checkbox"/> Recycling Spray Pad | <input type="checkbox"/> Condominium/HOA Pool | |

Contact Person _____ **Title** _____

Address _____

City/State/Zip _____

Phone: _____ **Proposed date to Open:** _____

By signing below, I certify all information is true and correct to the best of my knowledge.

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**