



Plan Review Application for Public Recreational Bathing Facility

Jersey Shore Regional Health Commission

628 Shrewsbury Avenue
Tinton Falls, NJ 07701

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N.J.A.C. 8:26-2 Requires that plans and specifications be submitted to the health authority for review whenever a public recreational bathing place is constructed, renovated, or altered.	FOR DEPARTMENT USE ONLY
	Date Received: / /
Type of application: <input type="checkbox"/> New, <input type="checkbox"/> Remodel, <input type="checkbox"/> Conversion	Desired Start Date: / /
Type: <input type="checkbox"/> Swimming Pool, <input type="checkbox"/> Hot Tub/Spa, <input type="checkbox"/> Wading Pool, <input type="checkbox"/> Spray Park, <input type="checkbox"/> Beach	Plan Review Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No

RECREATIONAL BATHING FACILITY INFORMATION

Name of Facility:	
Facility Address:	Municipality:
Water Supply: <input type="checkbox"/> Municipal, <input type="checkbox"/> Well, <input type="checkbox"/> Water Body	Waste Disposal: <input type="checkbox"/> Sanitary Sewer, <input type="checkbox"/> Septic System

OWNERSHIP INFORMATION

Owner's Name:	Special Exempt Facility: <input type="checkbox"/> Yes, <input type="checkbox"/> No		
Address:	City:	State:	ZIP:
Phone Number:	Email:		

BATHING FACILITY INFORMATION

Hours & Days of Operation	Type of Facility (Check all that Apply)	Type of Disinfection	Fee per Structure(s)
Sunday:	<input type="checkbox"/> Indoor Year Round <input type="checkbox"/> Outdoor Seasonal <input type="checkbox"/> Combination <input type="checkbox"/> Multiple (List)	<input type="checkbox"/> Chemical: _____ <input type="checkbox"/> Chemical Controller System <input type="checkbox"/> Other: _____	Swimming pool
Monday:			\$400 X ____ # units = _____ total
Tuesday:			Wading Pools
Wednesday:			\$200 X ____ # units = _____ total cost
Thursday:			Spa
Friday:			\$200 X ____ # units = _____ total cost
Saturday:			Spray/Splash Park/Float tank
			\$200 X ____ # units = _____ total cost

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH THIS APPLICATION

- Plans must be clearly drawn and include items outlined below:**
- The plan must show the dimensions and depth of all bathing areas, dimensions of all deck space, location of showers, distance to restroom facilities, and location of equipment and chemical storage facilities.
 - Plan must provide equipment specifications and flow calculations for filtration and treatment devices, (turnover rate calculations) including any mechanical disinfectant systems. Heating equipment specifications (if applicable) must be provided.
 - Plan must include specifications for VGB-compliant drain covers and all pump safety devices, including emergency shut-off.
 - Plan must include finishes and materials for pool/spa, decks, restrooms, changing areas, equipment room, and chemical storage areas.
 - Plan must show required fencing and entry control for outdoor facilities. The plan must show access restrictions for indoor facilities.
- Plan Review Fee**
- Per JSRHC Ordinance No. 17-06, a plan review fee must be submitted to JSRHC as calculated per type and quantity of Structures as identified above in "Fee per Structure(s)"
 - The submitted plan will not be reviewed before receipt of the fee. No approvals can be issued without a completed review.
 - Beginning construction without Health Department approval can lead to costly renovations or lack of approval to open the establishment for business.

Print Name:	Title:
Signature:	Date: