

Plan Review Application for Public Recreational Bathing Facility Jersey Shore Regional Health Commission

628 Shrewsbury Avenue Tinton Falls, NJ 07701 PHONE:(732) 493-9520 • FAX (732) 493-9521



recreational bathing place is constructed, renovated, or altered. Type of application: New, Remodel, Conversion Desired Start Date: / / Type: Swimming Pool, Hot Tub/Spa, Wading Pool, Spray Park, Beach RECREATIONAL BATHING FACILITY INFORMATION Name of Facility: Facility Address: Water Supply: Municipal, Well, Water Body Waste Disposal: Sanitary Sewer, Septic System OWNERSHIP INFORMATION Owner's Name: Special Exempt Facility: Yes, No Address: City: State: ZIP: Phone Number: BATHING FACILITY INFORMATION Hours & Days of Operation City Indoor Year Round Guesday: Chemical: System Outdoor Seasonal Wednesday: Outdoor Seasonal Wednesday: Multiple (List) Thursday: Multiple (List) Thursday: Multiple (List) The John 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 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 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 the diminishes 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 must include finishes and materials for pool/spa, decks, restrooms, changing areas, equipment room, and chemical storage areas. Plan must show the diminishes 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 restricti	N.J.A.C. 8:26-2 Requires that plans and specifications be					FOR DEPARTMENT USE ONLY			
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Sathling Facility Check all that Apply	Address:			City:		State:		ZIP:	
Type of Facility (Check all that Apply) Type of Disinfection Swimming pool Swimming po	Phone Number:			Email:					
Sunday: Check all that Apply Chemical: Chemical: Swimming pool \$400 \times # units = total Chemical: System Sys	BATHING FACILITY INFORMATION								
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Monday: Indoor Year Round Chemical: S400 X # units = total Wbit Pools System Syst	Sunday:	(Check all that Apply)				Swimming pool			
Tuesday: Outdoor Seasonal Chemical Controller System \$200 X # units = total cost Spa \$200 X # units = total cost Spray/Splash Park/Float tank		☐ Indoor Year Round	☐ Chemical:			\$400 X_	# units =	total	
Wednesday: Thursday: Multiple (List) Other: Spa \$200 X # units = total cost Spa Syady/Splash Park/Float tank Saturday: 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.	•	☐ Outdoor Seasonal	□Cł						
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