

CITY OF BRANSON
 110 W MADDUX STE 215
 BRANSON, MO 65615
 417-337-8549
 FAX: 417-334-2391

CITY OF BRANSON POOL/SPA PERMIT APPLICATION

PERMIT NUMBER: _____

DATE RECEIVED: _____

PROJECT NAME		PROJECT STREET ADDRESS	
OWNER	PHONE:	DESCRIPTION OF WORK	
	MOBILE:		
OWNER'S MAILING ADDRESS	FAX:		
	E-MAIL:		
SQUARE FOOTAGE OF POOL			
POOL STRUCTURE TYPE			
CONTRACTOR	PHONE:	A Recreational Water Facility Permit Registration is required to be completed for the Health Department before permit can be issued. The document is attached and shall be submitted with the permit application.	
	MOBILE:		
CONTRACTOR'S MAILING ADDRESS	FAX:		
	E-MAIL:		
I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined hereon. I also certify that the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property.			
APPLICANT SIGNATURE		DATE:	
Please Print Name		BUILDING:	
PROVISIONS: The issuance of this permit shall not be construed to release the owner or owner's agents from the obligation to comply with the provisions of all laws and ordinances, including federal, state and local jurisdictions, which regulate construction and performance of construction. This permit becomes null and void if the construction work authorized is not begun within 180 days from date of issue or if at any time prior to the final inspection and approval the work is suspended or abandoned for 180 days.		PLANNING:	
		UTILITIES:	
IT IS IMPORTANT TO CALL FOR INSPECTION AT LEAST 24-HOURS IN ADVANCE 337-8505		HEALTH:	
NOTICE: The permit issued shall be displayed on job site at all times during construction. A Job Site Inspection Card must be present on site at all times for inspection sign offs. This document must be turned in to the Planning & Development Department for the issuance of a Certificate of Occupancy or Compliance. All subcontractors must have a Branson City Contractor's License, issued by the Finance Department.		COMMENTS:	

CITY OF BRANSON
RECREATIONAL WATER FACILITY PERMIT REGISTRATION

ESTABLISHMENT NAME:

OWNER NAME:

ADDRESS:

PERSON RESPONSIBLE FOR MAINTENANCE:

TYPE: <input type="checkbox"/> WATER FACILITY ONLY <input type="checkbox"/> ANCILLARY TO LODGING		TOTAL NUMBER OF FACILITIES _____ (one form for each)	
<input type="checkbox"/> OUTDOORS POOL	<input type="checkbox"/> INDOOR POOL	<input type="checkbox"/> WADING POOL	<input type="checkbox"/> SPA <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER _____
<input type="checkbox"/> PUBLIC WATER SUPPLY	<input type="checkbox"/> PRIVATE WATER SUPPLY	<input type="checkbox"/> PUBLIC SEWER	<input type="checkbox"/> PRIVATE SEWER
POOL SHAPE:	<input type="checkbox"/> ROUND/OVAL	<input type="checkbox"/> RECTANGULAR	<input type="checkbox"/> IRREGULAR
	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> SLIDE	YEAR BUILT _____

DECKS: Please check appropriate box.

- | | | | |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Deck width 5ft minimum at narrow part: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Deck sloped to drain away from pool: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Deck astroturfed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Deck indoor/outdoor carpet: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ENCLOSURES:

- | | | | |
|------------------------------------------|--------------------------|--------------------------|--------------------------|
| 5. No existing enclosure: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Completely enclosed by fence: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Enclosed to exclude small children: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Enclosure permits visual observation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Maximum gap 4" or less: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Minimum height 4" or more: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Self latching gate: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SAFETY:

- | | | | |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|
| 12. Overhead clear of electrical wire: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Drain is contrasting color: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Black circle around drain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Depth markings on deck: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Depth markings on vertical pool wall: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Depth markings 4" height: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Lifeline at change in bottom slope: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Chlorine/chemical room locked: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. First aid kit available: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNS:

- | | | | |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|
| 21. 4" lettering, clearly visible: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. No lifeguard on duty: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. No children without adult: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Pool rules: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Life saving equipment: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Warning alcohol use/medical condition: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Pool chemicals: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LIFE SAVING:

- | | | | |
|------------------------------------------|--------------------------|--------------------------|--------------------------|
| 28. Equipment conspicuous/accessible: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Life saving ring (buoy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Shepherd's crook on 12 foot pole: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. One certified lifeguard / 50 people: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Pool bottom visible from life chair: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER:

- | | | | |
|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| 34. Ladders/steps, one each 30' width: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Corrosion resistant non-slip tread: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Separation from food concession: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Night swimming permitted: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Underwater lighting provided: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Area lighting provided: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Water heated: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Thermometer provided: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Test kit with OPD reagent: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Test kit with ORTHO reagent: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Any cracks or repairs needed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DESIGN AND CONSTRUCTION:

1. Dimensions: _____ x _____ = _____ sqft.
or
 2. Circumference in feet: _____
 3. Volume in gallons: _____
 4. Shallow area (above lifeline) _____ sqft.
 5. Deep area (below lifeline) _____ sqft.
 6. Filter type (sand, DE, cartridge) _____
 7. Rate of flow (gal/min) _____
 8. Number of skimmers: _____
 9. Rate of flow (gal/min) _____
 10. Pump capacity (at maximum, gal/hour) _____
 11. Pump/filter is run _____ hours a day.
 12. Number of inlets _____ at depth _____ inches.
 13. Make-up / fresh water source from:
 Hose Inlet
 14. Is fresh water inlet submerged: _____
 15. Does hose have backflow preventer: _____
 16. Overflow gutters: Yes No rate of flow _____
 17. Type chlorinator: gas tablet solution
 18. If gas, is it in compliance with pg 20 thru 23 of State Guide to Public Bathing Places: _____
 19. pH feeder (pools over 2000 sqft.) _____
 20. Dressing rooms, toilets, etc. in compliance with State Guide to Public Bathing Places: _____
- I hereby certify that the information provided is true to the best of my knowledge:

Signed _____
Date: _____ / _____ / _____