



**TOWN OF NORTH ANDOVER
HEALTH DEPARTMENT
120 Main Street
North Andover, MA 01845**

978.688.9540 – Phone
978.688.9542 – FAX
E-MAIL: healthdept@northandoverma.gov
WEBSITE: <http://www.northandoverma.gov>

**PUBLIC/SEMI-PUBLIC SWIMMING POOL
PLAN REVIEW APPLICATION
(File one for each system)**

Applicant Information:

Name:

Tel. #

Address:

Email:

Name of Pool:

Address:

Type: Swimming Pool Wading Pool Spa Water Feature
Type of Disinfection: ChlorineBromine Ultra Violet Other: _____

Pool Dimensions:

Volume of water:

of Turnovers/hr.:

Swimming Area: _____ sq. ft.
Non-swimming Area: _____ sq. ft.

Diving Area: _____ sq. ft.
Max. Capacity: _____ persons



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Equipment Information (Manufacturer, Model #):

Disinfection Feed:

Recirculation Pump:

Filter:

VGB Compliant Drain Cover:

Note: 105 CMR 435.000 requires that all Public and Semi-Public Pools must be designed under the stamp and signature of a Massachusetts Registered Professional Engineer or Registered Architect. All information requested on this application and required within the code must be submitted in plan form with the required stamp and signature.

Signature of Applicant

Date

Submit the following with this application:

- Site plan showing all existing and proposed structures, as well as utilities.
- Design plan in plan view and profile view.
- Specification sheets for pumps, filters, disinfectors, and all mechanical items.
- Required fee.

Required items on plan:

- Schematic showing water flow.
- Proof of ADA compliance.
- Location of all mechanical items and flow meters.
- Location of drains, skimmers, returns, and fresh water sources.
- Drinking water fountain location.
- Water spigot location.
- Location of emergency telephone.
- Location of First aid station.
- Details on fence height and construction.