

NEW YORK STATE DEPARTMENT OF HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 BUREAU OF COMMUNITY SANITATION AND SAFETY

APPLICATION for Approval of Plans and Specifications for the
 Construction of, or alterations to, an artificial swimming pool and
 appurtenances

Name of Board, individual or officer making application	Representing city, village, town, institution or corporation	Date of Application
Name of Pool	In city, village, town (indicate and name)	County
<u>Exact</u> location of pool		
Name and license number of designing engineer or architect	Address of designing engineer or architect	Estimated Cost

It is hereby agreed that if the plans dated _____ or any amendment or revision thereof, are approved by the Department of Health, the swimming pool and appurtenances will be constructed in accordance with the details thereof as shown on such approved plans.

Signature	Official Title	Mail Address
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This application must be signed by the owner or the proper officials of the corporation or legally constituted board or commission having charge of work. The signature of the designing engineer or other agent will be accepted if accompanied by a letter of authorization.

NOTE: BEFORE SUBMITTING APPLICATIONS FOLLOW INSTRUCTIONS ON REVERSE SIDE.