

**City of Branson  
 APPLICATION FOR POOL/SPA PERMIT**

<b>Project Name</b>		<b>Project Address</b>			
<b>Owner</b>	Phone	<b>Brief Description of Work</b>  I hereby certify I am the owner or duly authorized owner's agent, I have read this application and all information is correct. I further certify I have read, understand, and will comply with all the provisions outlined hereon. I also certify the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property. PROVISIONS: The issuance of a 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. A permit will become null and void if the construction work authorized has not begun within 180 days from the date of issuance or if work is suspended or abandoned for 180 days prior to the final inspection.			
	Cell				
Mailing Address	Email				
	Fax				
<b>City of Branson Licensed Contractor</b>	Phone				
	Cell				
Mailing Address	Email				
	Fax				
<b>City of Branson Licensed Contractor - Pool</b>		<b>Estimated Construction Value of Project</b>			
Mailing Address	Phone	<b>Original Signature of Applicant</b>  Application Signature _____ Date _____  Please print name _____  <b>This Section For Official Use Only</b>			
	Cell				
Mailing Address	Email				
	Fax				
<b>Missouri Registered Architect/Engineer</b>	Phone				
	Cell				
Mailing Address	Email				
	Fax				
<input type="checkbox"/> Residential Project  <input type="checkbox"/> Commercial Project (requires 2 wetseal drawings AND 5 copies by a Missouri registered design professional.)				<b>Application Reviewed and Approved By:</b> _____ <b>Date</b> _____	
				<input type="checkbox"/> Above Ground Pool <input type="checkbox"/> In Ground Pool	
Square footage of pool:				Building	
Pool structure type:				Engineering/Public Works	
Will trees be removed from the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire			
If yes, how many trees will be removed? _____		Health			
<b>PLEASE NOTE: A Recreational Water Facility Permit Registration must be completed and submitted with this application.</b>		Landscaping/Planning			
		Utilities			

<b>Office Use Only</b>	
Permit Number	
Date Applied	
Date Issued	
Fees	
Tree Removal Deposit	
Project Type Category	
<input type="checkbox"/> Plans In File <input type="checkbox"/> Rolled Plans	
<input type="checkbox"/> # of Sets of Plans Submitted  <input type="checkbox"/> Other Documents Submitted <input type="checkbox"/> Recreational Water Facility Permit Reg.	
<input type="checkbox"/> Application closed because: <input type="checkbox"/> Expired on: _____  <input type="checkbox"/> Other, explain below.	
Revised 1/08/14	

# TANEY COUNTY HEALTH DEPARTMENT

## RECREATIONAL WATER FACILITY PERMIT REGISTRATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



Application must be completed and submitted to TCHD a minimum of 10 days prior to opening.  
For a list of permit fees visit [www.taneycohealth.org/envordinances.php](http://www.taneycohealth.org/envordinances.php)

### BUSINESS CONTACT INFORMATION

Facility Name:	Date:
Applicants Name:	Title: (owner, manager, etc.)
Person Responsible for Maintenance:	Name of Owner:
Phone   Fax:	Owner Mailing Address:
E-mail:	Owner Phone   Fax:
Company Address:	Billing Address:

### TYPE OF RECREATIONAL WATER FACILITY

Total No of Facilities: _____ (one form for each) <input type="checkbox"/> Spa <input type="checkbox"/> Slide <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Sewer <input type="checkbox"/> Irregular Year Built: _____	<input type="checkbox"/> Water Facility Only <input type="checkbox"/> Ancillary to Lodging <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Public Sewer Pool Shape: <input type="checkbox"/> Round/Oval <input type="checkbox"/> Rectangular <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide
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### PLEASE CHECK APPROPRIATE BOX

	Yes	No	NA		Yes	No	NA
<b>Decks</b>				<b>Enclosures</b>			
➤ Deck width 5 ft Minimum at narrow part	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ No existing enclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Deck sloped to drain away from pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Completely enclosed by fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Deck Astroturfed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Enclosed to exclude small children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Deck indoor/outdoor carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Enclosure permits visual observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				➤ Maximum gap 4" or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				➤ Minimum height 4' or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				➤ Self latching gate w/latch at 4' height or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE CHECK APPROPRIATE BOX**

Safety	Yes	No	NA	Life Saving	Yes	No	NA
➤ Overhead clear of electrical wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Equipment conspicuous/accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Drain is contrasting color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Life saving ring (buoy) w/line attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Black circle around drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Shepherd's crook on 12 foot pole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Depth markings on deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Other: _____			
➤ Depth markings on vertical pool wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ One certified lifeguard/50 people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Depth markings 4" height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Pool bottom visible from life chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Lifeline at change in bottom slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
➤ Chlorine/chemical room locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
➤ First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Ladders/Steps, one each 30' width	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ ASME/ANSI certified anti-entrapment drain system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Corrosion resistant non-slip tread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				➤ Separation from food concession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Signs</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	➤ Night swimming permitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ 4" lettering, clearly visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Underwater lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ No lifeguard on duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Area lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ No children without adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Water heated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pool rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Thermometer provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Life saving equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Test kit with OPD reagent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Warning alcohol use/medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Test kit with ORTHO reagent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pool chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Any cracks or repairs needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DESIGN AND CONSTRUCTION**

Dimensions: _____ X _____ = _____ sq. ft.	Number of inlets _____ at depth _____ inches
Or Circumference in feet: _____	Make-up/freshwater source from: <input type="checkbox"/> Hose <input type="checkbox"/> Inlet
Volume in gallons: _____	Is fresh water submerged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shallow area (above lifeline): _____ sq. ft.	Does hose have backflow preventer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deep area (below lifeline): _____ sq. ft.	Overflow gutters: <input type="checkbox"/> Yes <input type="checkbox"/> No
Filter type (sand, DE, cartridge): _____	Chlorinator type: <input type="checkbox"/> Gas <input type="checkbox"/> Tablet <input type="checkbox"/> Solution
Rate of flow (gal/min): _____	If gas, is it in compliance with pg. 20-23 of State Guide to Public Bathing Places: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of skimmers: _____	pH feeder (pools over 2000 sq. ft.): <input type="checkbox"/> Yes <input type="checkbox"/> No
Rate of flow (gal/min): _____	Dressing rooms, toilets, etc. in compliance with State Guide to Public Bathing Places: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pump capacity (at max. gal/hour): _____	Type anti-entrapment drain system: _____
Pump/filter is run _____ hours per day	

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Owner or Responsible Representative

Approved: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Inspector Signature



## SWIMMING POOL GUIDELINES

In an attempt to safeguard the health of all pool users, in particularly younger children, the City of Branson's Planning and Development is providing the guidelines below to assist the installer in making the pool environment safe and code compliant. Outlined below are several of the code requirements, which will be inspected during the final inspection. While this list is designed as an aid to pool construction, it is not all inclusive of the pool installation code requirements.

Any pool of water 24" deep or more is required to have the following restraints.

### 1. Barrier Height:

- 48" above finish grade to the top of the barrier.
- No openings > 4" in the barrier walls.
- No indentations or protrusions in the barrier wall which would allow a person to climb over the top of the barrier.

### 2. Gates:

- Pedestrian gates must swing outward and be equipped with self-closing and self-latching hardware.
- Release mechanism: If the mechanism is located < 54" (4'6") above the finished grade, the mechanism shall be located on the pool side of the gate a minimum of 3" below the top of the gate and the gate shall have no opening greater than ½" within 18" of the mechanism.

### 3. House Wall:

- If a wall of the house is to act as a barrier wall, the pool must be equipped with a powered safety cover **OR** ALL doors and operable windows having a sill height less than 48" from finished floor in the barrier wall must be equipped with an audible warning when the screen door is opened.
- The alarm is to last a 30 second duration and any de-activation switch must be located 54" above the door threshold.
- The de-activation is limited to a 15 second duration.

### 4. Above Ground:

- When the pool is an above ground variety and the pool wall acts as a barrier due to its height or a barrier is mounted atop the pool structure and is accessed by a ladder, the ladder or steps must be capable of being locked or removed to prevent unwanted access.

### 5. Entrapment Avoidance:

- SRVS (Safety Vacuum Relief System) is required for all pool and circulating systems. To serve as a backup in case the suction outlet cover or grate is removed or becomes broken.
- Single or multiple pump systems require two suction outlets a minimum of 3' apart. This is inspected at a plumbing under slab inspection prior to concrete placement.