



**One Stop Permitting**

500 N. Main Street  
Suite #47  
Monroe, NC 28112

T. 704.283.3553

<https://ucinspect.unioncountync.gov/evolvepublic/>

**Public Swimming Pool Equipment Change/Renovation Application**

Please provide the requested information below as applicable. Attach an updated Pool Drain/Suction Compliance (PDSC) form with new equipment information and all applicable manufacturer product information sheets with submittal.

Pool renovation or repair may require permits from Union County Code Enforcement. It is the responsibility of the applicant to obtain all required permits for work performed at the swimming pool.

**POOL INFORMATION**

Pool Name: \_\_\_\_\_ Pool ID Number: \_\_\_\_\_  
Pool Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner/Permittee: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**DESCRIPTION OF WORK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR CONTACT INFORMATION**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**POOL DATA**

Pool Perimeter (ft):	Pool Surface Area (sq. ft):	Pool Volume (gallons):	Required Turnover Rate (gpm):
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**PUMP INFORMATION**

**Existing filtration pump(s):**

Pump Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ HP: \_\_\_\_\_  
Maximum Pump Flow (flow rate from manufactures' s pump curve): \_\_\_\_\_ gpm  
Number of pumps on pumping system: \_\_\_\_\_  
VFD installed:  YES  NO

**Proposed filtration pump(s):**

Pump Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ HP: \_\_\_\_\_  
Maximum Pump Flow (flow rate from manufactures' s pump curve) \_\_\_\_\_ gpm  
Number of pumps on pumping system: \_\_\_\_\_  
VFD installed:  YES  NO

**\*\*\* Provide manufactures pump curve for existing and proposed replacement pumps.\*\*\***

**\*\*\* Provide NEW PDSC form. Approved supporting evidence for flow reductions must be provided. \*\*\***



**PUMP INFORMATION Cont.**

**Existing installed feature pump(s):**

Pump Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ HP: \_\_\_\_\_

Maximum Pump Flow (flow rate from manufactures' s pump curve): \_\_\_\_\_ gpm

Number of pumps on pumping system: \_\_\_\_\_

VFD installed:  YES  NO

**Proposed feature pump(s):**

Pump Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ HP: \_\_\_\_\_

Maximum Pump Flow (flow rate from manufactures' s pump curve) \_\_\_\_\_ gpm

Number of pumps on pumping system: \_\_\_\_\_

VFD installed:  YES  NO

**Existing lazy river pump(s):**

Pump Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ HP: \_\_\_\_\_

Maximum Pump Flow (flow rate from manufactures' s pump curve): \_\_\_\_\_ gpm

Number of pumps on pumping system: \_\_\_\_\_

VFD installed:  YES  NO

**Proposed lazy river pump(s):**

Pump Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ HP: \_\_\_\_\_

Maximum Pump Flow (flow rate from manufactures' s pump curve) \_\_\_\_\_ gpm

Number of pumps on pumping system: \_\_\_\_\_

VFD installed:  YES  NO

**\*\*\* Provide manufactures pump curve for existing and proposed replacement pumps. \*\*\***

**\*\*\* Provide NEW PDSC form. Must provide approved supporting evidence for flow reductions. \*\*\***

**Filter**

Number of filters presently installed: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Proposed number of filters to be installed: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**\*\*\*Provide manufactures product specification sheets\*\*\***

**PIPE SIZES (in equipment room)**

**Filtration:**

Main Drain: \_\_\_\_\_ Skimmers: \_\_\_\_\_ Return: \_\_\_\_\_

**Feature:**

Main Drain: \_\_\_\_\_ Skimmers: \_\_\_\_\_ Return: \_\_\_\_\_

Other: \_\_\_\_\_

Main Drain: \_\_\_\_\_ Skimmers: \_\_\_\_\_ Return: \_\_\_\_\_

**MAIN DRAIN COVERS**

**Filtration:**

Number of main drains on same pumping system \_\_\_\_\_

Drain cover/grate manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Maximum flow rating of cover/grate: \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)

**Feature:**

Number of main drains on same pumping system \_\_\_\_\_

Drain cover/grate manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Maximum flow rating of cover/grate: \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)

**Other:**

Number of main drains on same pumping system \_\_\_\_\_

Drain cover/grate manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Maximum flow rating of cover/grate: \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)

### SUMP INFORMATION

Sumpluss:  YES  NO      Field Built  YES  NO      Manufactured Sump  YES  NO  
("yes" proceed to SKIMMERS)

Sump size(inside dimensions): \_\_\_\_\_ inches diameter(if round) **or** \_\_\_\_\_ inches by( X)\_\_\_\_\_ inches (if square)

Sump minimum depth: \_\_\_\_\_ inches      Diameter of suction outlet pipe to pump: \_\_\_\_\_ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate: \_\_\_\_\_ inches

Sump Manufacture: \_\_\_\_\_ Model #: \_\_\_\_\_

### SKIMMERS

Number of Skimmers: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

### EQUALIZER COVERS

Have the equalizers been disabled?  Yes  No      Number of operable skimmer equalizers \_\_\_\_\_

Equalizer fitting manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Maximum flow rating(gpm) \_\_\_\_\_

### INLET/RETURN FITTINGS

Fitting manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Manufacturer flow rating: \_\_\_\_\_

Number of Returns installed: \_\_\_\_\_

### POOL MATERIALS OF CONSTRUCTION 15A NCAC 18A .2514

Vinyl liner replacement no less than 60 mil thick – Provide documentation on material

Pool finish shall be white or light colored material.

### FENCE, GATES AND DOORS

When repairing or replacing fence please provide cross section of fence drawn to scale.

Percentage of repair: \_\_\_\_\_

Describe repair : \_\_\_\_\_  
\_\_\_\_\_

### DECK

Increasing deck space

Decreasing deck space

Deck replacement

**\*\*\* Submit deck plans drawn to scale. Deck to meet Rule .2522 and .2537 of the NC Public Swimming Pool Rules \*\*\***

### RESTROOM RENOVATION (Dressing and Sanitary Facilities) 15A NCAC 18A .2526

Number of fixtures:      Male Users: \_\_\_\_\_      Female Users: \_\_\_\_\_      Family: \_\_\_\_\_

Partitions material: \_\_\_\_\_

Floor material: \_\_\_\_\_ Floor finish: \_\_\_\_\_

Mirrors shatterproof  Yes  No

