

# Public Pool Plan Review Application

## Application submittal

Complete the following steps to submit your application.

1. Email application and supporting information to [health.swimmingpools@state.mn.us](mailto:health.swimmingpools@state.mn.us). List project name in email subject line.

2. Mail fee to:

Minnesota Department of Health  
Food, Pools, and Lodging Services Section  
P.O. Box 64975  
St. Paul, MN 55164-0975

No cash, credit, or debit cards accepted. Make checks payable to Minnesota Department of Health.

**Mail check with copy of application.**

*Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check pursuant to Minnesota Statutes, Section 604.113, subd. 2(a). Additional civil penalties may be imposed for nonpayment.*

## Provide supporting information

### New construction

Provide the following supporting information for construction or installation of a new public pool. An engineer licensed in Minnesota must certify your plans.

- **Site plan** drawn to scale with dimensions, showing details such as the facility layout, pool enclosure area, pool enclosure area access restriction and fencing, pool enclosure area lighting, restroom and shower areas, mechanical room location, and related facilities such as sauna and exercise rooms.
- **Pool plan** drawn to scale with dimensions, including top and profile views, showing all equipment and features such as recirculation inlets, skimmers, gutters, suction outlets/main drains, recirculation system piping, ladders, steps, handrails, diving boards, slides, and play features.
- **Recirculation system plan** showing details such as piping, pipe sizing, equipment locations, equipment connections, valves, flow meters, thermometers, pool water fill, and filter backwash/pool drain down point of discharge.
- **Equipment list** specifying manufacturer, model number, and size. Provide manufacturer's specification sheet(s). Include equipment such as pumps, filters, disinfection systems, and suction outlet fitting assemblies.
- **Pool data** such as volume, surface area, depth range, and design recirculation rate.

### Alteration

Provide the following supporting information for alteration of a public pool.

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- **Existing equipment list** specifying manufacturer, model number, and size. Provide manufacturer's specification sheet(s). Include equipment such as pumps, filters, disinfection systems, and suction outlet fitting assemblies.
- **New equipment list** specifying manufacturer, model number, and size. Provide manufacturer's specification sheet(s).
- **Pool data** such as volume, surface area, depth range, recirculation rate, and number of skimmers.

Based on the scope of the project, or when requested by the Minnesota Department of Health, provide a site plan, pool plan, and recirculation system plan.

- **Site plan** with dimensions, showing details such as the facility layout, pool enclosure area, pool enclosure area access restriction and fencing, pool enclosure area lighting, restroom and shower areas, mechanical room location, and related facilities such as sauna and exercise rooms.
- **Pool plan** with dimensions, including top and profile views, showing all equipment and features such as recirculation inlets, skimmers, gutters, suction outlets/main drains, recirculation system piping, ladders, steps, handrails, diving boards, slides, and play features.
- **Recirculation system plan** showing details such as piping, pipe sizing, equipment locations, equipment connections, valves, flow meters, thermometers, pool water fill, and filter backwash/pool drain down point of discharge.

### Disinfection system change

Provide the following supporting information for a public pool disinfection system change.

- **New disinfection system** specifying manufacturer, model number, and size. Provide manufacturer's specification sheet(s).
- **Pool data** such as volume, surface area, and depth range.

### Project information

Project name \_\_\_\_\_

Project street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_

Select facility type:

Multi-family living

School/university

Community center/health club

Hotel/lodging

Municipal/park

Other

Select location(s):      Indoor      Outdoor

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Project summary

### Submitter information

Submitter name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

### Owner/operator information

Owner/operator name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

### Designer/builder information

Designer/builder name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

## Fee schedule

Fill out the following table(s) to calculate your fee.

### Fee

Project	Quantity	Fee	Amount
Pool (including recirculating splash pad)			
Spa pool			
Alteration			
Slides			
Disinfection system change			
Total fee			

### Fee

Project	Estimated project cost	Amount
Project valued at \$250,000 or more <i>Total fee from above table, or 0.5% of estimated project cost (whichever is greater). \$15,000 maximum fee. Provide estimated project cost documentation. If maximum fee is paid, documentation is not needed.</i>		
Total fee		

**Plan review applications submitted less than 30 days prior to construction or alteration are subject to an additional late fee equal to 50 percent of the original plan review fee.**

Late fee (if applicable) \$ \_\_\_\_\_

Total plan review fee submitted \$ \_\_\_\_\_

Minnesota Department of Health  
Food, Pools, and Lodging Services  
651-201-4500  
[health.swimmingpools@state.mn.us](mailto:health.swimmingpools@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

07/01/2025

To obtain this information in a different format, call: 651-201-4500.