

DATE RECEIVED _____

APPLICATION FOR SWIMMING FACILITY CONSTRUCTION PERMIT

Location of the Swin	nming Facility						
		(County)	(Muni	(Municipality (or nearest P.O.))			
(Ac	ddress)		(City)	(State)	(ZIP)	(Telephone)	
Legal Name of Own	er						
			(City)	(2) ()		·····	
(Address)			(State)	(ZIP)	(Telephone)		
Hereby makes appli swimming facility.	cation to the Illinois Dep	partment of Public He	alth for the iss	suance of a permi	t to con	struct or alter a	
CHECK EACH BO	C THAT DESCRIBES TI	HE PROPOSED CON	NSTRUCTION	1			
	New Construction	n Major A	Major Alteration		submitt	al	
Swimming Pool	0-500 sq. ft.	501-1,000 sq. ft	1,	001-2,000 sq. ft.		_2,001 sq. ft. or more	
Spa	0-500 sq. ft.	501-1,000 sq. ft.	1,	001-2,000 sq. ft.		_2,001 sq. ft. or more	
Aquatic Feature	Water Slide	_ Spray Pool	Lazy River	Play Strue	cture	Small Slide	
Other							
Beach							
Describe Proposed	Construction						
Legal Name of Preq							
Architect or Enginee	er applying for permit						
(Ac	ddress)		(City)	(State)	(ZIP)	(Telephone)	
Legal Name of Preq	ualified Contractor						
(Ac	ddress)		(City)	(State)	(ZIP)	(Telephone)	
	Note: A prequalifie	d contractor must be	selected prior	to issuance of a p	ermit.		

A check/money order made payable to the Illinois Department of Public Health for each swimming pool, bathing beach, spa, water slide or other to be constructed or altered significantly; or evidence of your tax-exempt status must be submitted with this application. (See Fee Table below)

Construction Permit	Fee Paying	Tax-Exempt*	Government	Major Alteration	Fee Paying	Tax-Exempt*	
0-500 sq. ft.	\$625	\$150	\$0	0-500 sq. ft.	\$310	\$50	
501-1,000 sq. ft.	\$1250	\$150	\$0	501-1,000 sq. ft.	\$625	\$50	9
1,001-2,000 sq. ft.	\$1500	\$150	\$0	1,001-2,000 sq. ft.	\$750	\$50	9
2,001+ sq. ft.	\$1950	\$150	\$0	2,001+ sq. ft.	\$975	\$200	9
Aquatic Feature	\$625	\$600	\$600	Aquatic Feature	\$310	\$300	\$3
Bathing Beach	\$625	\$150	\$0	Bathing Beach	\$310	\$50	
Plan Resubmittal	\$200	\$200	\$200	<u> </u>			

(Aquatic features would include water slides, small slides, play structures, spray pools, lazy river, and other similar equipment.)

*Tax-exempt fee schedule (section 8.2) shall be for a licensee that is an organization recognized by the United States Internal Revenue Service as tax-exempt under Title 26 of the United States Code, Section 501 (c) (3).

Signature of Applicant

Signature of Property Owner

A COMPLETED FLOOD HAZARD FORM MUST ACCOMPANY THIS APPLICATION

IMPORTANT NOTICE

This state agency is requesting disclosure of the information that is necessary to accomplish the statutory purpose as outlined under Public Act 92-18. Disclosure of this information is mandatory.

CONSTRUCTION SHALL NOT START UNTIL A PERMIT IS ISSUED

(Construction without the required permit is a Class A misdemeanor subject to a fine of \$1,000 per day or imprisonment.)

Return the application and fee or tax-exempt status to:

Illinois Department of Public Health Division of Environmental Health 525 West Jefferson Street, Third Floor Springfield, Illinois 62761

Telephone: 217-782-5830 Fax: 217-785-0253 Date

Date