



FOR OFFICE USE ONLY
LOG # _____
DATE RECEIVED _____

APPLICATION FOR SWIMMING FACILITY CONSTRUCTION PERMIT

Location of the Swimming Facility _____
(County) (Municipality (or nearest P.O.))

(Address) (City) (State) (ZIP) (Telephone)

Legal Name of Owner _____

(Address) (City) (State) (ZIP) (Telephone)

Hereby makes application to the Illinois Department of Public Health for the issuance of a permit to construct or alter a swimming facility.

CHECK EACH BOX THAT DESCRIBES THE PROPOSED CONSTRUCTION

New Construction
 Major Alteration
 Plan Resubmittal

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 Structure Small Slide

Other _____

Beach _____

Describe Proposed Construction

Legal Name of Prequalified
Architect or Engineer applying for permit _____

(Address) (City) (State) (ZIP) (Telephone)

Legal Name of Prequalified Contractor _____

(Address) (City) (State) (ZIP) (Telephone)

Note: A prequalified contractor must be selected prior to issuance of a permit.

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
0-500 sq. ft.	\$625	\$150	\$0
501-1,000 sq. ft.	\$1250	\$150	\$0
1,001-2,000 sq. ft.	\$1500	\$150	\$0
2,001+ sq. ft.	\$1950	\$150	\$0
Aquatic Feature	\$625	\$600	\$600
Bathing Beach	\$625	\$150	\$0
Plan Resubmittal	\$200	\$200	\$200

Major Alteration	Fee Paying	Tax-Exempt*	Government
0-500 sq. ft.	\$310	\$50	\$0
501-1,000 sq. ft.	\$625	\$50	\$0
1,001-2,000 sq. ft.	\$750	\$50	\$0
2,001+ sq. ft.	\$975	\$200	\$0
Aquatic Feature	\$310	\$300	\$300
Bathing Beach	\$310	\$50	\$0

(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

Date

Signature of Property Owner

Date

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