



Application Date: _____

NEW

Remodel

General Information

Facility Information

Name of Facility:

Street Address:

Phone:

City:

Cell:

State:

Zip:

Fax:

Mailing Address *(if different than above)*:

City:

State:

Zip:

Email:

Applicant Information

Applicant Name:

Individual or Corporate Name:

Phone:

Mailing Address:

Cell:

City:

Fax:

State:

Zip:

Email:

Owner Information

Applicant Name:

Individual or Corporate Name:

Phone:

Mailing Address:

Cell:

City:

Fax:

State:

Zip:

Email:

Engineer/Architect Information

Applicant Name:

Individual or Corporate Name:

Phone:

Mailing Address:

Cell:

City:

Fax:

State:

Zip:

Email:

Type of Facility

Select one:

Pool

Spa

Other

The following requirements shall be met prior to a facility receiving an construction permit: *(check all applicable boxes)*

| | | | | | |
|--------------------------|-------------|--|--------|--|---------|
| <input type="checkbox"/> | Hotel: | | Indoor | | Outdoor |
| <input type="checkbox"/> | HOA: | | Indoor | | Outdoor |
| <input type="checkbox"/> | Municipal: | | Indoor | | Outdoor |
| <input type="checkbox"/> | Camp / Club | | Indoor | | Outdoor |



Classification of Facility
(check one)

| | | | | | |
|--------------------------|---------|--------------------------|---------|--------------------------|---------|
| <input type="checkbox"/> | Class A | <input type="checkbox"/> | Class B | <input type="checkbox"/> | Class C |
| <input type="checkbox"/> | Class D | | | | |

A satisfactory inspection for construction of the facility shall be performed:
Class A and C Pools shall provide lifeguard certifications, a 10/20 Guest Protection Standard, and Guest Protection Zone Plan.

Construction Fees

| Class A, B, C, D \$150.00 per vessel | | Total |
|---|--------------------------------|----------|
| <input type="checkbox"/> Pool | <input type="checkbox"/> Spa | \$ _____ |
| <input type="checkbox"/> Hot Springs | <input type="checkbox"/> Other | |

This application shall be accompanied by two (2) sets of general plans and specifications or electronic submission, which shall include, but not be limited to: *(check all applicable boxes)*

| Specifications | |
|--------------------------|--|
| <input type="checkbox"/> | Summary of the basis of design; |
| <input type="checkbox"/> | Operation requirements, where applicable, including a clearly marked flow chart indicating all pipes and valves to enable an operator to easily understand the correct operation of the physical system; |
| <input type="checkbox"/> | General layout (a schematic diagram); |
| <input type="checkbox"/> | Detailed plans and specifications; |
| <input type="checkbox"/> | Other documentation the department may reasonably require; |
| <input type="checkbox"/> | The plans and specifications shall be sealed by a registered Engineer or Architect licensed to practice in New Mexico; |



Signatures

Applicant's Signature Page

STATEMENT: It is also understood that:

| | |
|--|--|
| | For Class B pools, within thirty (30) days, or for Class A, C, and D pools, within ninety (90) days of receipt of all information required, the department will issue a review statement of approval if it appears that the proposed construction or remodeling will meet the applicable requirements of the regulations governing aquatic venues; |
| | Construction shall not commence without first obtaining a review statement of approval from the NMED; |
| | An operating permit will be issued upon final approval of inspection and approval to construct by NMED. |

_____ Date _____
Applicant or responsible representative(s) Signature / Title

Correspondence Preference

A copy of the regulations may be obtained at: www.env.nm.gov/healthandsafety

| | | |
|--------------|--|---|
| Preferences: | Invoice: Email <input type="checkbox"/> Mail <input type="checkbox"/> | Permit: Email <input type="checkbox"/> Mail <input type="checkbox"/> |
|--------------|--|---|

NMED Use Only

Inspector Review Comments:

_____ Date: _____
Signature:

Approved

Denied

Office

Facility

| | | |
|---------------|----------------|--------------|
| District: | Permit #: | |
| Field Office: | Bather Load #: | |
| Inspector: | Type: | |
| Review Date: | Date Opened: | Date Closed: |