FOR OFFICE USE ONLY
Date:
Plan/Permit #
Plan Review Fee:

City of Wheat Ridge
COMMUNITY DEVELOPMENT

Building & Inspection Services Division
7500 W. 29th Ave., Wheat Ridge, CO 80033
Office: 303-235-2855 * Fax: 303-237-8929
Inspection Line: 303-234-5933
Email: permits@ci.wheatridge.co.us

Swimming Pool Building Permit Application

***** Please complete all highlighted areas on both sides of this form. Incomplete applications may not be processed. *****

Property Address: _____

Property Owner *(please print)*: _____ **Phone**: _____

Property Owner Email: _____

Mailing Address: *(if different than property address)*

Address: _____

City, State, Zip: _____

Architect/Engineer: _____

Architect/Engineer E-mail: _____ **Phone:** _____

Contractor: _____

Contractors City License #: _____ **Phone:** _____

Contractor E-mail Address: _____

Sub Contractors:

Electrical:
W.R. City License #

Plumbing:
W.R. City License #

Mechanical:
W.R. City License #

Other City Licensed Sub:
City License #

Other City Licensed Sub:
City License #

Complete all information on BOTH sides of this form

Description of work: (Please fill out attached sheet regarding checklist information.)

☐ NEW SWIMMING POOL ☐ REPAIR OF EXISTING POOL

Please list details of work:

Sq. Ft./LF _____ **Btu's** _____ **Gallons** _____

Amps _____ **Other** _____

Project Value: (Contract value or the cost of **all** materials and labor included in the **entire** project)

$_____

OWNER/CONTRACTOR SIGNATURE OF UNDERSTANDING AND AGREEMENT

I hereby certify that the setback distances proposed by this permit application are accurate and do not violate applicable ordinances, rules or regulations of the City of Wheat Ridge or covenants, easements or restrictions of record; that all measurements shown and allegations made are accurate; that I have read and agree to abide by all conditions printed on this application and that I assume full responsibility for compliance with applicable City of Wheat Ridge codes and ordinances for work under any permit issued based on this application; that I am the legal owner or have been authorized by the legal owner of the property to perform the described work and am also authorized by the legal owner of any entity included on this application to list that entity on this application.

CIRCLE ONE: *(OWNER) (CONTRACTOR) or (AUTHORIZED REPRESENTATIVE) of (OWNER) (CONTRACTOR)*

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

DEPARTMENT USE ONLY

ZONING COMMMENTS:
Reviewer:

OCCUPANCY CLASSIFICATION: _____

TYPE OF CONSTRUCTION: _____

SPRINKLERED: _____

BUILDING DEPARTMENT COMMENTS:
Reviewer:

OCCUPANT LOAD: _____

PUBLIC WORKS COMMENTS:
Reviewer:

PROOF OF SUBMISSION FORMS

Fire Department	☐ Received	☐ Not Required
Water District	☐ Received	☐ Not Required
Sanitation District	☐ Received	☐ Not Required

Building Division Valuation: $_____

Swimming Pools, Spas and Hot Tubs Checklist

Complete The Information Below That Applies to Your Project:

Installation	Location
☐ Swimming Pool, ☐ Hot Tub or Spa	
☐ In-Ground	☐ Outdoors
☐ Above Ground / On-Ground	☐ Within A Structure

Swimming Pool Detail
Pool Dimensions/Size (sf, diameter, etc.):
Type of Pool (ie: gunite, fiberglass, vinyl, etc.):

☐ Unheated	☐ Heated: Type of EQ: _____
	☐ BTU/Ton: _____
	☐ Electric or ☐ Natural Gas
	☐ Liquid Propane Gas: _____
	☐ Existing Tank or ☐ New Tank

	Yes	N/A	Required Submittals
1.	☐		Swimming Pool Application for Construction and this Checklist.
2.	☐		Site plan, pool location and distance to structures, property lines, right-of-way, and occupancy classification of ALL buildings on parcel (ie: house, garage, etc.)
3.	☐		Pool barrier shown on site plan including; fencing, gates/doors (include direction of swing), windows, alarms, locks, etc. as applicable in Appendix G.
4.	☐	☐	Floodplain, critical area (pond, stream, creek, irrigation, etc.) must be shown on site plan.
5.	☐	☐	Electrical One-Line drawings if new electrical is being installed.
6.	☐	☐	Appendix G; Section AG105 Barrier Requirements – 9.2 Doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and/or its screen, if present, are opened. The alarm shall be listed and *lobeled* in accordance with UL 2017. The deactivation switch(es) shall be located at least 54 inches (1372 mm) above the threshold of the door.

Accuracy of the submittal package, including this checklist, is the responsibility of the applicant.

_____
Printed Name

_____ _____
Signature Date

City of Wheat Ridge
Community Development
Building & Inspection Services Division • 7500 W. 29th Ave., • Wheat Ridge, CO 80033 • Office: 303-235-2855 • Fax: 303-237-5929

Pump/System: Date:

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Start Here
Must End on **FINISH**
1

Are there outlets?
Fully submerged suction outlet(s) located in the floor, on the wall, or any skimmer equalizer fittings/lines.
12

☐ NO → VACUUM FITTING

☐ YES

How many pumps does the outlet (do the outlets) serve?
13

☐ ONE → What is the Maximum System gpm of the single pump system? (_____) gpm. See Instructions on reverse page. 2

☐ MULTIPLE → What is the Maximum Combined gpm of the multi-pump system? (___)+(___)+(___)=(___) gpm. NOTE: Include ALL pumps. See Instructions on reverse page. 14

Are there multiple outlets? 3
- ☐ NO → Are all outlets unblockable, in accordance with ASME A112.19.8-2008a, per VBG 2008 requirements or certified by a Registered Design Professional (RDP)? 15
  - ☐ YES → **Engineering is required on ALL in-ground pools.**** → Complete ☐ GO TO VACUUM FITTING 21
  - ☐ NO → WARNING! Suction Entrapment Hazard Non-compliant Outlet(s) 16
- ☐ YES → Are all outlets certified in accordance with VGB 2008? 4
  - ☐ NO → WARNING! Suction Entrapment Hazard Non-compliant Outlet(s) 16
  - ☐ YES → Does each dual outlet system have a cover with a flow rating equal to, or greater than, the Maximum System GPM? See Section 4.6* 5
    - ☐ NO → WARNING! Suction Entrapment Hazard Non-compliant Outlet(s) 16
    - ☐ YES → Have you recorded the end-of-life date for each cover, based on the installation date and marked life? 6
      - ☐ NO → WARNING! Suction Entrapment Hazard Non-compliant Outlet(s) 16
      - ☐ YES → Is each cover within the VGB 2008 service life? 7
        - ☐ NO → WARNING! Suction Entrapment Hazard Non-compliant Outlet(s) 16
        - ☐ YES → Is each cover undamaged? 8
          - ☐ NO → WARNING! Suction Entrapment Hazard Non-compliant Outlet(s) 16
          - ☐ YES → Is each cover adequately secured to a sump/fitting/anchors for which the cover is certified in accordance with VGB 2008 or by a Registered Design Professional? 9
            - ☐ NO → WARNING! Suction Entrapment Hazard Non-compliant Outlet(s) 16
            - ☐ YES → Is the sump a Field Fabricated Sump? 10
              - ☐ NO → Are there two or more outlets for each pump? 18
              - ☐ YES → Is the Field Fabricated Sump compatible with the cover manufacturer's instructions, including, but not limited to:
                1. Clearance between the pipe and underside of cover(s)
                2. Clearance between edge of frame and the bottom of the sump? 11
                - ☐ YES → Are there two or more outlets for each pump? 18
                - ☐ NO, or Unknown → WARNING! Covers are not compatible with all sumps/fittings. Replace with compatible cover and/or create compliant sump per cover manufacturer's instructions. 19

ACTION REQUIRED

This system requires VGB 2008-compliant suction outlet fittings. Unblockable outlets may be certified by a Registered Design Professional (RDP) as having covers/grates, sumps, and fastening systems in accordance with ASME A112.19.8-2007 Section 2.3.1.

Manufactured product required to be tested and listed per VGB 2008 requirements.

Each replacement cover must have a flow rating equal to or greater than the Maximum System GPM (See Section 4.6*) or the Maximum System GPM may be permanently reduced below the cover flow rating by replacing pump or permanently restricting the pump discharge flow, provided the maximum turnover time is not exceeded. 17

Are there two or more outlets for each pump? 18
- ☐ YES → Is the center-to-center distance between the covers at least 36 inches, or are the outlets on separate planes? 22
  - ☐ YES → Complete ☐ GO TO VACUUM FITTING 21
  - ☐ NO → Is the single outlet...
    A. an equalizer line piped through the second port of a skimmer?
    B. unblockable?
    C. a combination outlet/inlet incorporated into a single fitting?
    D. a venturi-driven system? 23
    - ☐ YES → Complete ☐ GO TO VACUUM FITTING 35
    - ☐ NO → WARNING! Suction Entrapment Hazard Choose at Least One Option 28
      - Install VGB 2008 multiple outlets with adequate flow ratings, and with the center-to-center distance between the covers at least 36 inches, or with the outlets on separate planes. See Sections 4.5* and 4.6*/Appendix D. ☐ 29
      - Convert single suction outlet to return inlet by changing the piping, provided that the system piping and skimmer(s) are capable of handling the full system flow. ☐ 30
      - Convert to a gravity flow system in accordance with Section 5.8*. Verify operation per Appendix D. ☐ 31
      - Engineered vent systems in accordance with Section 7.2*. ☐ 32
      - Install and test per manufacturer's installation instructions, a manufactured safety vacuum release system (SVRS) tested and listed per VGB 2008 requirements in accordance with Section 7.1*. ☐ 33
      - Permanently disable the single outlet. Verify that the overflow and skimmers are capable of handling the required system flow and that minimum turnover rates are achieved. ☐ 34
- ☐ NO → Install or replace with fitting lid tested to IAPMO-SPS 4. 26 → ☐ FINISH ☐ 27

VACUUM FITTING 20 → Is there a dedicated vacuum cleaner fitting? 24
- ☐ NO → FINISH
- ☐ YES → Is there a fitting lid (cover) tested and listed by an Independent Testing Laboratory in accordance with IAPMO-SPS 4? 25
  - ☐ YES → FINISH
  - ☐ NO → Install or replace with fitting lid tested to IAPMO-SPS 4. 26

* Unless explicitly noted, all section numbers refer to ANSI/APSP-7 2006