



TOWN OF PROSPER
 HEALTH & CODE COMPLIANCE
 PUBLIC & SEMI-PUBLIC
 SWIMMING POOLS/ SPA /PIWF's
 PERMIT APPLICATION

Email Applications to: Health@prospertx.gov

250 W. First St. Prosper TX, 75078

P.O. Box 307, Prosper TX, 75078

(972) 346- 3502

(Check One) New Renewal Change of Owner Update Information

NUMBER OF INDOOR POOLS _____ OUTDOOR POOLS _____ INDOOR SPAS _____ OUTDOOR SPAS _____ PIWF's _____

PERMIT FEE DUE: _____ (\$225.00 PER POOL/SPA/PIWF)

POOL ACCESS: KEY CODE CODE # (IF APPLICABLE) _____

POOL NAME: _____ POOL PHONE: _____

POOL ADDRESS: _____
(STREET NO. & NAME) (CITY, STATE) (ZIP CODE)

EMAIL: _____

POOL OWNER OR CORPORATION NAME: _____ PHONE: _____

MAILING ADDRESS: _____
(STREET NO. & NAME) (CITY, STATE) (ZIP CODE)

POOL MANAGEMENT COMPANY (if applicable): _____ PHONE: _____

MAILING ADDRESS: _____
(STREET NO. & NAME) (CITY, STATE) (ZIP CODE)

CERTIFIED POOL OPERATOR: _____ PHONE: _____
(PROVIDE COPY OF CERTIFIED POOL OPERATOR CERTIFICATION)

DATES & HOURS OF OPERATION: _____

OPEN: Year-Round Seasonal

AFTER HOURS CONTACT: _____ PHONE: _____

(CONTACT IN CASE OF A CLOSURE WHEN ESSENTIAL PERSONNEL ARE NOT ONSITE. (HOMEOWNER ASSOCIATION POOLS)

****IMPORTANT NOTE****

I UNDERSTAND TO SUBMIT A PERMIT TO OPERATE I MUST COMPLY WITH THE FOLLOWING:

I attest that the information provided above is true and accurate. I agree to comply with the Town of Prosper rules and regulations and understand that failure to do so may result in revocation or suspension of the permit.

- The permit is effective for one year from the date of issuance unless sooner revoked for a cause.
- The permit is not transferable, and the permit fees are non-refundable.
- Request an inspection by contacting the Health Department at least two (2) weeks prior to proposed opening date.
- Pay all pool/ spa/ PIWF's fees and submit application at least two (2) weeks prior to opening season, Annually. Please make payable to "The Town of Prosper"

Signature of Applicant

Date

Submit application and fee to Town of Prosper, Health & Code Compliance, P.O. Box 307, Prosper, Texas 75078

OFFICE USE ONLY

Approved By _____

Date of Approval _____

Receipt No. _____ Check # _____ Amount \$ _____ Received By _____ Date _____

**SEMI PUBLIC/PUBLIC SWIMMING POOLS, SPA, AND PIWF REQUIREMENT CHECKLIST
TOWN OF PROSPER HEALTH & CODE COMPLIANCE**

AUTHORITY: The “Authority” hereunder shall mean the Town Administrator or any designee that he may choose.

Requirement Checklist

_____ **Pool Barrier:** Outdoor pools shall be provided with a barrier and access gate(s) that shall comply with the Health and Safety Code Chapter 757 as well as all Town of Prosper Ordinances and Amendments. A pre- plaster inspection is required. Permanent fencing shall be in place at this time. *Minimum fence height is four (4) feet or six (6) feet for specific semi-public pools and seven (7) feet for public pools.

_____ **KNOX BOX:** A Knox Box is required under the 1997 Uniform Fire Code Section 902.4. The purpose of a Knox Box is to gain immediate access when necessary for life saving or fire-fighting purposes. It shall be installed in an accessible location. The Knox Box shall be of a type approved by the Authority. It shall contain all keys/pass codes to gain access as required by the Authority. Please contact the Prosper Fire Department at 972-347-2424 for clarification.

_____ **ACCESS:** One copy of all keys/pass codes shall also be submitted to the Authority to do routine inspections as required by law.

_____ **TELEPHONE:** Access to a telephone or payphone shall be installed within 50 feet of the pool and are to be available 24 hours. A sign may be required by the Authority designating exact location of the telephone if it is not easily visible from the pool area.

_____ **TRASH RECEPTACLES:** Shall be available, covered, and rodent- proof. Number shall be determined by size of pool.

_____ **FIRST AID KITS:** Shall be mandatory for all Class A, B, and pools with lifeguards. Recommended for Class C pools.

_____ **LIFE SAFETY:** One (1) Non-electrically conducted, non- telescoping, twelve (12) foot or greater size pole with ‘shepherd’s crook-type hook’ & one (1) ¼ to 3/8 inch diameter throwing rope a length of two-thirds the maximum width of the pool attached to a USCG approved ring buoy of 15 to 24 inch diameter required for pools under 2000 square feet. **Anti-vortex drain covers are required. There shall be no entrapment hazards in the pool/spa/ PIWF.**

_____ **LIGHTS:** GFCI shall be tested prior to Pool Final inspection and comply with all the Town of Prosper electrical requirements. Pool light GFCI shall be retested when over current protection has been changed, repaired, altered, or as required by the Regulatory Authority.

_____ **MARKERS WITHIN 24” OF WATER EDGE:** There shall be one (1) “NO DIVING” & one (1) International symbol for “no diving” within 24” of water’s edge, spaced at a maximum of 25ft. intervals around the perimeter of the pool and spa (if attached to pool), as well as at each pool break. These markers are in addition to the depth markers and shall be made of non-slip tile and flush mounted. “NO DIVING” shall not be required around spas that are separate from pools.

_____ **TILE MARKERS:** A horizontal solid or broken stripe, contrasting in color, two inches wide shall be placed along the front leading edge of each step and benches. A four-inch-wide tile band shall be placed at 3’1” depth and a four-inch-wide tile band shall be placed at 5’0” depths. These bands shall also be contrasting in color.

_____ **EQUIPMENT GAUGES:** There shall be one pump suction (vacuum) gauge, one filter inlet pressure gauge, one filter outlet gauge, one rate of flow meter in gpm.

POOL SIGNAGE: Including but not limited to the following:

_____ 1. “WARNING – NO LIFEGUARD ON DUTY” (letters 4” minimum) where applies.

_____ 2. “PERSONS UNDER THE AGE OF 14 MUST NOT BE IN THE POOL WITHOUT ADULT SUPERVISION” (letters 2” minimum)

_____ 3. “NO DIVING” and International no diving symbol (letters & symbol 4”)

_____ 4. “ADULTS SHOULD NOT SWIM ALONE”

_____ 5. “IN CASE OF EMERGENCY, DIAL 911” (letters 4”)

_____ 6. “GLASS ITEMS NOT ALLOWED IN THE POOL YARD” (letters 2” minimum)

- _____ 7. "SWIMMERS MUST SHOWER BEFORE ENTERING SWIMMING POOL/SPA"
- _____ 8. "PETS IN THE POOL ARE PROHIBITED" (letters 2" minimum)
- _____ 9. "EXTENDED BREATH HOLDING ACTIVITIES ARE DANGEROUS AND PROHIBITED"
(letters 2" minimum)
- _____ 10. "CHANGING DIAPERS WITHIN 6 FEET OF THE POOL IS PROHIBITED" (letters 2" minimum)
- _____ 11. "DO NOT SWIM IF YOU HAVE BEEN ILL WITH DIARRHEA WITHIN THE PAST 2
WEEKS" (letters 2" minimum)
- _____ 12. MAXIMUM USER LOAD LIMIT (letters 2" minimum)
- _____ 13. HOURS OF OPERTAION (letters 1" minimum)
- _____ 14. DIRECTIONS TO AND LOCATION OF EMERGENCY PHONE IF PHONE NOT VISIBLE IN
POOL YARD (letters 2" minimum)
- _____ 15. PRECISE LOCATION OF THE POOL ON OR WITH THE EMERGENCY PHONE (ADDRESS,
OR DIRECTIONS, OR GPS LOCATION, OR BUILDING NUMBER, AS APPROPRIATE) (letters 1"
minimum)

SPA AREA SIGNAGE:

- _____ 1. "ALCOHOL SHOULD NOT BE CONSUMED PRIOR TO OR WHILE USING SPA"
- _____ 2. "DO NOT USE SPA IF THE WATER IS ABOVE 104° FAHRENHEIT (40° CENTIGRADE)"
(letters 1" minimum)
- _____ 3. "DO NOT SWIM IF YOU HAVE BEEN ILL WITH DIARRHEA WITHIN THE PAST 2 WEEKS"
(letters 2" minimum)
- _____ 4. "PERSONS UNDER THE AGE OF 14 MUST NOT BE IN THE SPA WITHOUT ADULT
SUPERVISION" (letters 2" minimum)
- _____ 5. "PETS IN THE SPA ARE PROHIIBITED" (letters 2" minimum)
- _____ 6. MAXIMUM USER LOAD (letters 1" minimum)
- _____ 7. EMERGENCY SPA SHUTOFF (letters 2" minimum)
- _____ 8. LOCATION OF THE NEAREST EMERGENCY PHONE OR DEVICE (letters 2" minimum)

Other signage may be required by Sec. 24.5 of the Texas Department of Health (TDH) Design Standards for Public Pool Construction, Division of Water Hygiene. There are additional safety signage recommendations listed in the same Section mentioned herein.

_____ **OPERATION:** There shall be one person in charge of operating each semi-public/ public pool, spa, and PIWF. This person shall obtain one of the following certifications. "Certified Pool/Spa Operator" (CPO), a "Certified Aquatic Facility Operator" (A.F.O), or a "Pool Operator on Location" (P.O.O.L) and keep such certification current for the duration of his employment. This person shall also provide proof of such certification to the Health Authority. For each pool, a log shall be completed and kept on premise. The log shall contain, at minimum, pH readings and Free Chlorine readings per pool/spa, and PIWF taken at least twice a day for automated chemical feeders and every two hours of non-automated.

_____ **FEES:** In addition to the building permit fees and all subcontractor fees, a semi-public/ public pool, spa, and PIWF in the Town of Prosper requires a permit to operate. A separate application and fee of \$225.00 shall be submitted for each operational permit sought. Public pools that are owned by the Town of Prosper must obtain an operational permit but shall be exempt from paying the application fee and the operational permit fee.