



Office of Public Health Engineering
 42-09 28th Street CN-56
 Queens, NY 11101
 718-310-2850 (tel)
 718-310-2669 (fax)

Application for Approval of Plans and Specifications

For the construction of, or alterations to, an artificial bathing establishment and appurtenances

Name of board, individual or officer making application	Representing city, village, town, institution, or corporation	Date of Application
Address of bathing facility	Name of Borough	
Floor number or description of location of bathing facility	Name and license number of designing engineer or architect	Address of designing engineer or architect
Quantity of Pools in application	Quantities of Saunas and Steam Rooms in application	Quantity of Spray Grounds in application

It is hereby agreed that if the plans dated _____ or any amendment or revision thereof, are approved by the Department of Health, the bathing establishment and appurtenances will be constructed in accordance with the details thereof as shown on such approved plans.

Signature	Official Title	Mailing Address

This application must be signed by the Owner or the proper officials of the corporation or legally constituted board or Commission having charge of work. The signature of the designing engineer or other agent will be accepted if accompanied by a letter or authorization.