



Environmental Health Division – Aquatic Health Program

Email: aquatic@snhd.org | Phone: (702) 759-0572

Non-Substantial Alteration Submission Instructions

Southern Nevada Health District 2018 Aquatic Facility Regulations, section 2-103.2, requires an aquatic facility owner planning a non-substantial alteration to make application to the health authority to review proposed changes prior to starting the non-substantial alteration. **Submission and approval must occur prior to the start of such work.**

The Non-Substantial Alteration submittal packet must include the following (**Will be reviewed for completion upon submittal**):

- Signed Submission Instructions
- Aquatic Venue Non-Substantial Alteration Application (one per Aquatic Venue: pool; spa; splash pad; etc.)
- Certification of Contracted Services (one per Aquatic Facility)
- All required plans, specifications, and equipment information (per Aquatic Venue)

Instructions for Submission:

- All materials, details, equipment information, specifications, and any other required information must be provided in the submission documentation*
- Applications, specifications, and additional documentation may be submitted electronically to aquatic@snhd.org. To drop off hard copies of applications or samples, contact aquatic@snhd.org for information.
- Projects will maintain an “active” plan review status for up to one year after the last activity. After one year with no activity, the project will be deleted, and resubmittal of plans, applications, and application fees will be required.

*Note: Incorrect applications or plans may require revisions and resubmittal and will result in a delay of the project. Ensure that all applications and plans are correct **prior** to initial submittal.

Fees:

- All fees must be paid at the time of submission. The plan review will not begin until all appropriate fees have been paid. Changes in design, corrections to plans, missed appointments, etc., will result in additional fees.
- A re-inspection fee will be applied for all failed inspections.
- Fees may be assessed when additional services are required, including but not limited to partial plumbing inspections or other requested field inspections.
- Inspection cancellations must be made at least two hours prior to the scheduled inspection to avoid additional fees.

Review and Approval of Plans:

The Health Authority shall provide a written response to the owner or owner’s representative upon completion of the review indicating approval or disapproval of the plans. In the case of disapproval, specific reasons will be given with procedures for resubmittal.

Undisclosed design or operational characteristics on the plans and/or applications do not constitute approval of such mistakes or omissions. Proper development of the project is the responsibility of the contractor, design professional, and the various parties involved in the project.

*Note: Approval of plans by SNHD does not constitute approval of, nor provide relief from, any requirements of local, state, or federal jurisdictions. It is the responsibility of the permit holder to ensure that the requirements of all applicable regulations, ordinances, codes, or laws are met. SNHD approval is required prior to the start of construction.

Construction Inspections:



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Any required construction inspections are scheduled on a “first come, first served basis”, and are according to assigned inspector availability.

The owner or owner’s representative must contact the assigned inspector at least 3 business days in advance of the desired inspection date to schedule the inspections. Inspection cancellations must be made at least 2 hours prior to the scheduled inspection to avoid additional fees.

Some construction may require additional plumbing inspections, such as partial-plumbing inspections, depending on the size or complexity of the plumbing design. Fees assessed for individual inspections may apply.

Final Inspection:

The final inspection can be conducted after all work on the project is completed and the facility is ready to operate. The owner or owner’s representative must contact the assigned inspector to schedule the inspection at least 3 business days in advance of the desired inspection date. Inspections will be scheduled according to inspector availability.

A re-inspection fee will be applied for all failed inspections, and the facility will not be released to operate until the final inspection has been passed. Inspection cancellations must be made at least 2 hours prior to the scheduled inspection to avoid additional fees.

I, the undersigned, as a representative of the permit holder/applicant, understand and agree to be held to the conditions/responsibilities as provided in this document:

Name, Print: _____ Signature: _____

Title: _____ Company: _____

Date: _____ Name of Facility: _____

For Office Use Only

Reviewed by:

Approval:

Date:



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Non-Substantial Alteration – Application

Complete one per aquatic venue

Facility Name:			
Facility Site Address:	City:	State:	Zip:
Aquatic Venue Name:	SNHD Permit # (found on health permit): PR		

Scope of Work (pump, filter, heater, etc.):

Equipment/materials to be removed (make, model, specifications, etc.):

Equipment/materials to be installed (make, model, specifications, etc.):

**Spec sheets are required with submittal*



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Aquatic Facility Certification of Contracted Services

To be completed by facility ownership; complete one per aquatic facility

Facility Information			
Facility Name:			
Facility Site Address:	City:	State:	Zip:
Assessor Parcel Number (APN):			
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		

Design Professional Information			
Architect/Engineer Name:		Company:	
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
License: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	License #:	Expiration:	
Architect/Engineer Name:		Company:	
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
License: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	License #:	Expiration:	

Contractor Information			
Pool Contractor Name:		Company:	
Contact Person:			
Telephone:	Email:		
Classification:	License #:	Expiration:	
General Contractor Name:		Company:	
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Classification:	License #:	Expiration:	



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By signing below, I hereby certify that I have contracted the services of the above listed person/company to assist in the preparation and submission of plans, applications, and calculations to the Southern Nevada Health District complete the work required by this application, and to complete the work as required by applicable law. I understand the following:

- SNHD approval of plans is required prior to the start of any construction
- Per SNHD Aquatic Facility Regulation 2-103.1, “SNHD approval is independent of all other approvals required by other regulatory entities. The applicant must separately obtain all other required approvals and permits.”
- Undisclosed design or operational characteristics on plans or applications do not constitute approval of such mistakes or omissions. Proper development and regulatory compliance of the project is responsibility of the contractor, design professional, and permit holder
- Aquatic venues are not permitted to operate until all required construction inspections, including the final permitting inspection, have been conducted and approved

Owner Name, Print: _____ Date: _____

Owner Signature: _____