

# Fence Height Requirement

## **NRS 444.136: Barriers; exclusion of unauthorized person**

1. Provision must be made to exclude unauthorized persons from any pool or pool area. A pool must be surrounded by a fence, wall, building or other barrier that completely encloses the pool area and otherwise complies with the requirements of this section. No part of a pool enclosure may be used for common foot traffic.
2. The barrier must be impenetrable for small children and must not offer any external handholds or footholds.

## **NRS 444.136: Barriers; exclusion of unauthorized person (cont.)**

- 3. In the case of a swimming pool operated solely for and in conjunction with a hotel, motel or other place of lodging, or a trailer park, apartment, condominium or other facility containing multiple dwellings, the barrier must be not less than 5 feet (1.5 meters) in height. Courtyard-type concepts in which gates or doors open directly into a pool enclosure from a dwelling unit or hotel or motel room are not permitted. In any other case, the barrier must be not less than 6 feet (1.8 meters) in height.

## AFR 2018 Enclosure Definition

- **“ENCLOSURE”** means an uninterrupted constructed feature or obstacle used to surround and secure an area that is intended to deter or effectively prevent unpermitted, uncontrolled, and unfettered access to an AQUATIC VENUE or FACILITY. It is designed to resist climbing (absence of handholds or footholds) and to prevent passage through it and under it.

# AFR 2018 2-604.2: Construction Requirements

- **(D)** For the purposes of this Section, height shall be measured from finished grade to the top of the ENCLOSURE on the side outside of the ENCLOSURE surrounding an AQUATIC VENUE. **(1)** Where a change in grade occurs at an ENCLOSURE, height shall be measured from the uppermost grade to the top of the ENCLOSURE.
- **(2)** AQUATIC FACILITY ENCLOSURES shall not be less than six (6) feet in height for all new construction, SUBSTANTIAL ALTERATION, or any ENCLOSURE alterations.
- **(3)** Any vertical members in the ENCLOSURE must not be more than four (4) inches apart. Any opening at the bottom of the ENCLOSURE must not be more than four (4) inches in height. Mesh style fencing must not exceed 1 3/4 inch openings

## What does that mean for my property?

A fence height is required to be minimum 5 feet of **uninterrupted fence** unless the pool was built after our 2018 regulations went into effect. Any horizontal platform within the 5-foot threshold is considered a hand/foothold

If you are changing more than 50% of the footprint of the fence, that is a remodel and the height of the fence must be raised to 6 feet

# Example of Too Short Fence Height



# Fence is Too Short



# Correct Fence Height





# *Operational Considerations*

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When Designing a New Pool Area

# *Intended use*

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Are all venues operated on the same schedule?  
Consider:

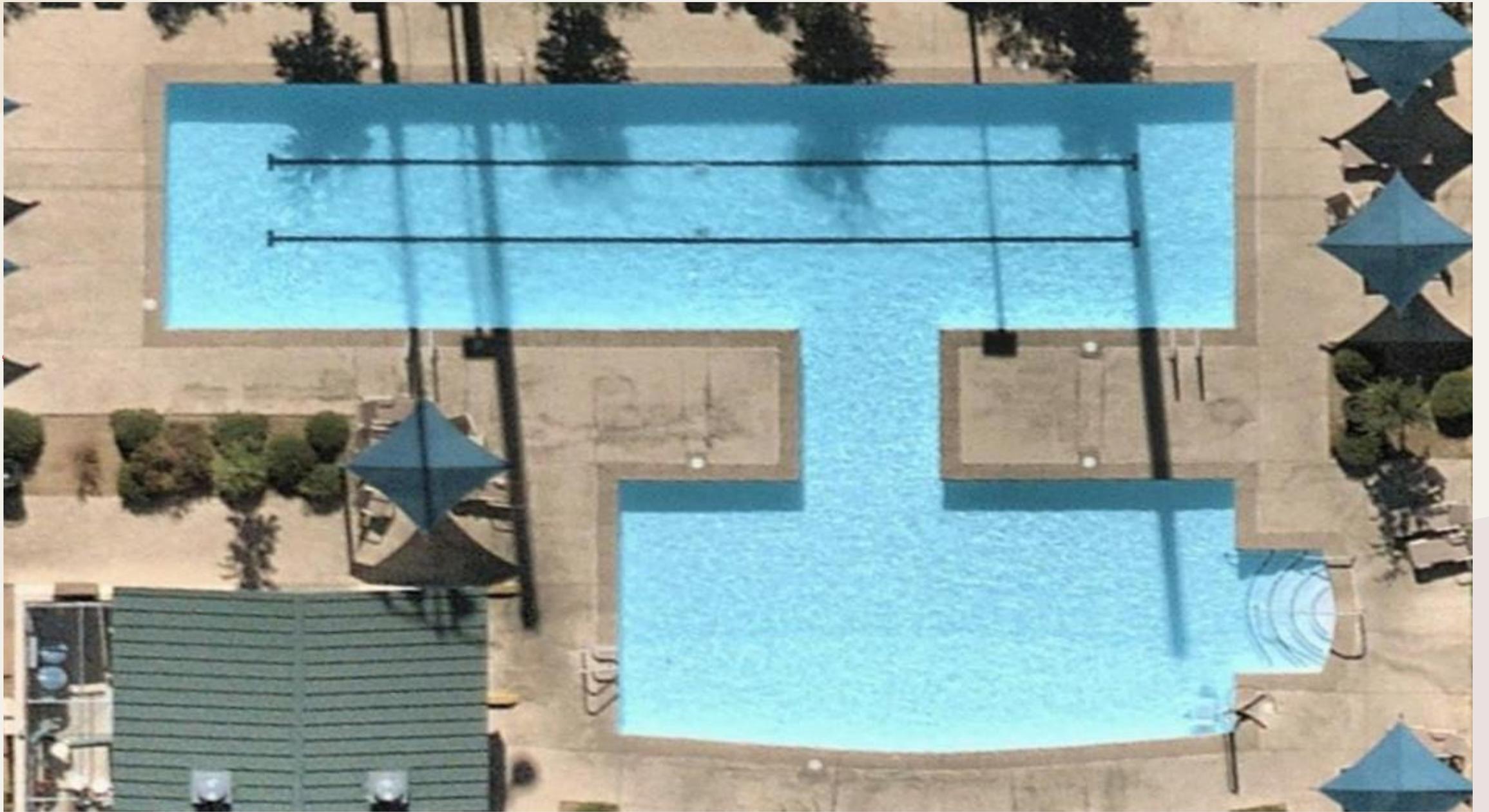
- Yearly or seasonal
- Available hours
- Maintenance requirements

How many people will likely use the venues?  
Consider:

- Population
- Heating the water
- Periodic high use vs. normal use
- One big vs. two smaller venues







# *Separation*

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Can venues be separated from each other if necessary?

Does the pool area impact traffic patterns or access for other areas?

Consider:

- Traffic patterns
- Impact of locked gates/doors
- Deck space **for a temporary** fence
- Seasonal closures



## *Other amenities*

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How many of your community amenities are inside the pool area?

It's best to put the venues in the pool area and leave everything else out. Why?

Because there is no access to that space if a venue must be closed.



# *Lifeguards*

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Will you need lifeguards? Consider:

- Individual pool surface area
- Cumulative surface area
- Who has access

Can the lifeguards see? Consider:

- Shape
- Glare/turbulence on the water
- Obstructions





# *Serviceability*

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The harder it is to service, the less likely it is to be serviced well.

Consider:

- Size, shape, complexity
  - Access location and quantity
  - Landscaping
  - Equipment area
- 





# *Summary*

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Large, complex pools in expansive and/or amenity-heavy pool areas can pose significant operational hurdles and burdens.

Closures happen. Evaluate your operations based on short and long-term closure of one or more venues and the entire pool area.

Staff are a significant long-term expense compared to thoughtful construction.

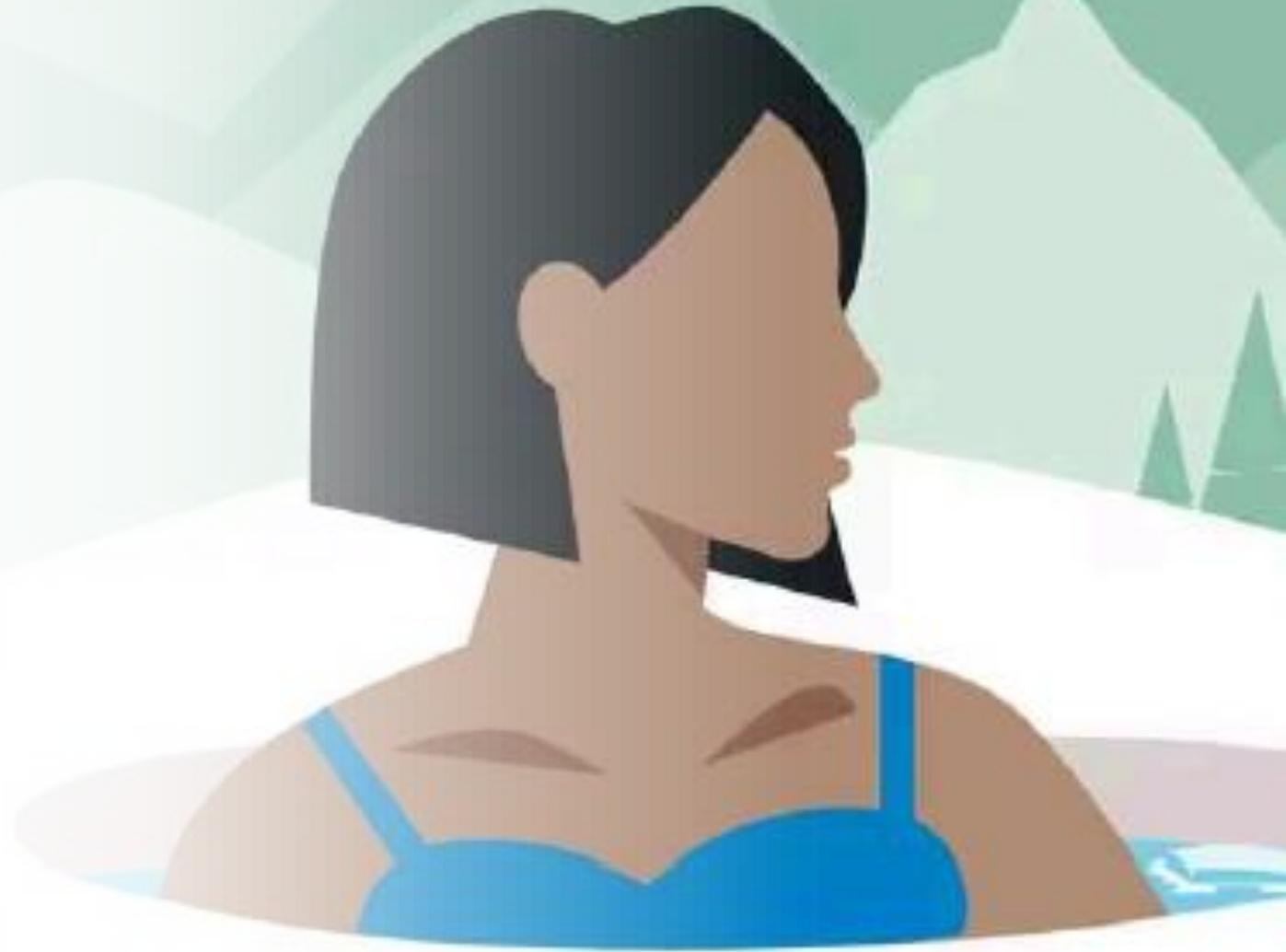
Questions ?





# Cold plunges

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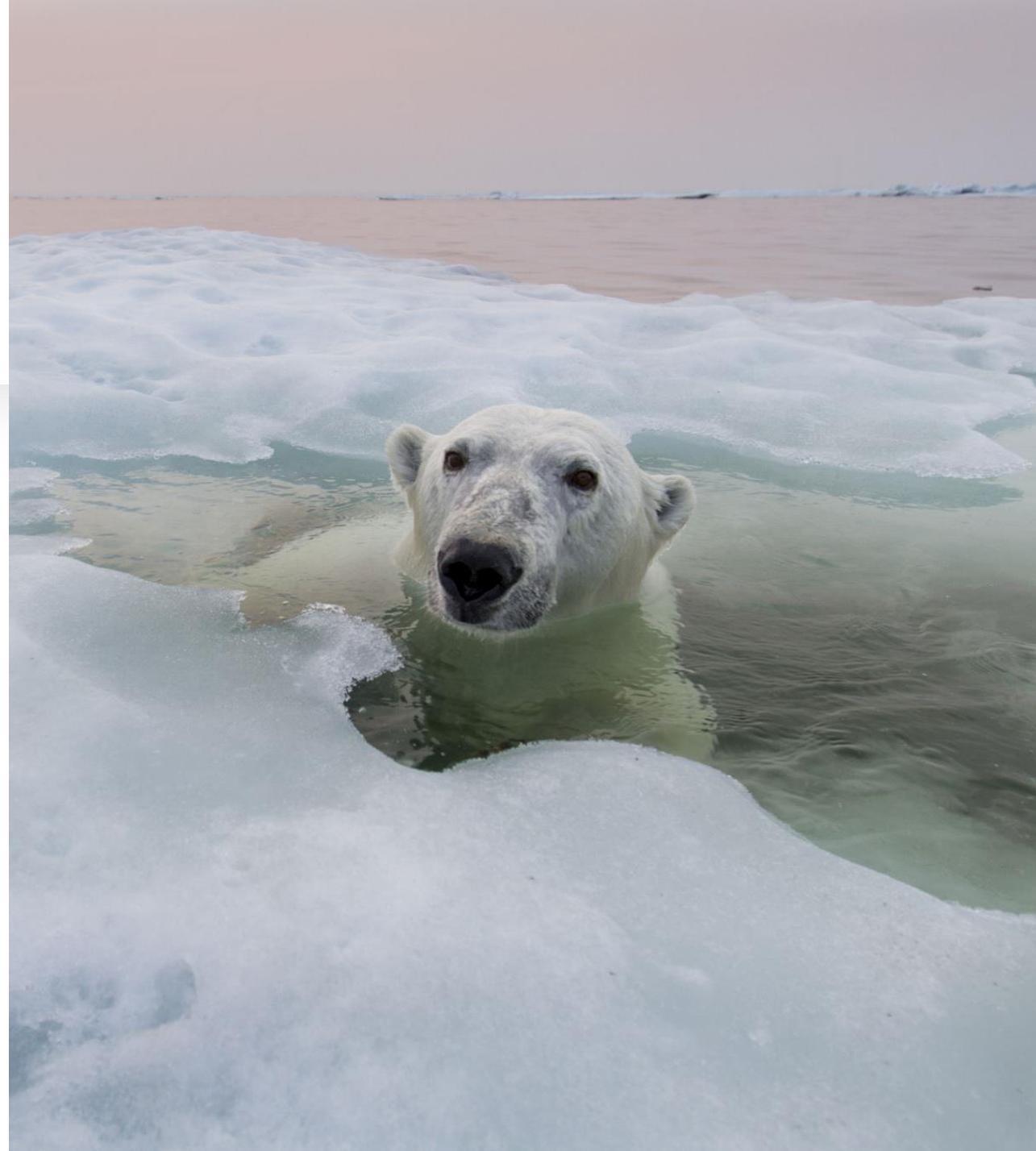
## Generally...

- Contains cold water, typically below 59F
- Intended for
  - partial or full body immersion, not swimming
  - short period of time



Also commonly  
known as...

- Ice bath
- Cold therapy
- Cold water immersion



# Specifically...

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Single user (2 users, not as common)

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Manufactured unit

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Elevated/Above ground

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NOT the traditional in-ground venue



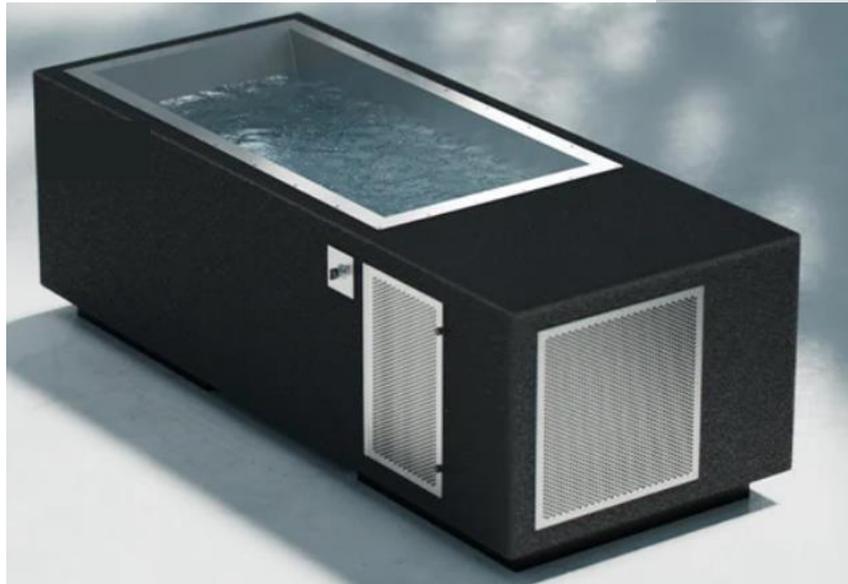
# Barrel

- Vertical = seated upright
- Environment



# Tub

- Horizontal = laying down
- Bathtub



## NRS 444.065 “Public swimming pool” defined.

1. Except as otherwise provided in subsection 2, as used in NRS 444.065 to 444.120, inclusive, “public swimming pool” means any structure containing an artificial body of water that is intended to be used collectively by persons for swimming or bathing, regardless of whether a fee is charged for its use.



If water is  
drained and  
refilled for each  
user,  
a health permit  
is not required.

\*\*\*The owner must have a  
written operational plan  
on how their venue does  
not meet NRS 444.065



# Regulations

- Currently, there are no design and construction requirements specific to manufactured cold plunge units
  - Compliance with all sections of the Aquatic Facility Regulations is required when possible
  - Waivers are required where compliance is not possible
- Each manufactured unit will be handled on a case-by-case basis
  - A preliminary meeting is highly recommended before applying for a health permit

# Application for Prelim

## Link to page

<https://www.southernnevadahealthdistrict.org/permits-and-regulations/aquatic-health-program/program-plan-review/new-construction-major-remodels/>

Aquatic Health Program
Aquatic Industry Outreach Meetings and Trainings
Aquatic Facility Regulations ↓
Operations - Aquatic Facility ↓
<b>Plan Review - Aquatic Facility ↑</b>
Additional Resources - Plan Review
Change of Permit Holder
Emergency Equipment Replacement
Hydraulics
Non-Substantial Alteration (Remodel)
New Construction & Major Remodels
Substantially Similar / Like Replacement
Registrations - Qualified Operators and Pool Companies
Resources - Aquatic Health
Temporary Events ↓
Waivers - Aquatic Facility
Suction Outlet Fitting Assemblies (SOFA)

## New Construction & Major Remodels

 Please be aware that our applications have changed. The New Construction Application has been eliminated and replaced by updated Health Permit Application and Certification of Contracted Services forms, which are to be completed by the permit holder rather than the design professional or contractor. Any additional information must be included on the plans.

### New construction or substantial alteration plan review is required when:

- Constructing a new aquatic venue or aquatic facility
- Completely removing and replacing an existing aquatic venue
- Substantially altering an existing aquatic venue – i.e., altering the shell; volume change; complete plumbing replacement; etc.
- If you would like to schedule a preliminary meeting to discuss project details prior to submission, please complete the following form:

 [Environmental Health Preliminary Meeting Application](#) 

Contact [aquatic@snhd.org](mailto:aquatic@snhd.org) to schedule an appointment.



Southern Nevada Health District | Environmental Health Division - Consumer Health Section  
 Aquatic Health: (702) 759-0572 email: Aquatic@snhd.org  
 Body Art/Childcare/School Facilities: (702) 759-0677 email: SpecialPrograms@snhd.org

### ENVIRONMENTAL HEALTH PRELIMINARY MEETING APPLICATION

AQUATIC HEALTH  BODY ART/CHILDCARE/SCHOOLS

**Type of meeting requested:**

- Office Preliminary/Advisory Plan Review Meeting at an SNHD office (\$262/hour)
  - In Person  Virtual Meeting
- Field Preliminary/Advisory Plan Review Meeting outside of an SNHD office (\$321/hour)

**Is this the first preliminary meeting regarding this project?**

Yes  No

<b>I. General Information</b>	
Name of Project:	
Available Days:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> AM <input type="checkbox"/> PM
Number of Meeting Attendees:	
Attendee #1 Name:	Email:
Attendee #2 Name:	Email:
<i>Attach list of any additional attendee names and email addresses</i>	
Anticipated Project Start Date:	
Anticipated Deadline for Project Completion:	
<b>II. Ownership Information (Owner legal name, address, etc.)</b>	
Owner Name:	
Owner Address:	
Owner Telephone and Email Address:	
<b>III. Facility/Site Information (Physical location of project)</b>	
Facility/Site Address:	
Assessor's Parcel Number (APN):	
<b>IV. Requestor Information</b>	
Requestor Name:	
Requestor Title (Contractor, builder, owner's representative, etc.):	
Requestor Telephone and Email Address:	

*\*Please be aware that while we always attempt to schedule meetings as close as possible to the requested date, scheduling will be based on staff availability.*

By signing below, the requestor acknowledges that the preliminary meeting does not include submission or review of plans, and agrees to pay any fees due per the [SNHD EH Fee Schedule](#) at the time of the appointment.

Requestor Name (Print)

Requestor Signature

Email completed application to [aquatic@snhd.org](mailto:aquatic@snhd.org)

Type of meeting requested: Field Preliminary

A fee will apply

# Active Permit Required

- **AFR 5-201** A person shall not operate an aquatic facility without a valid PERMIT issued by the SNHD.
- **AFR 3-101.1** Prior to opening for use, the aquatic facility owner shall apply to the SNHD for a PERMIT to operate each aquatic venue.





Questions?



# **2026 Invoicing Schedule & Property Management Change**



Nathan Pace  
EHS I



# Billing Timeline

End of May : Invoices generated

Beginning of June: Invoices sent out

June - July 31: Payment due upon receipt

August 1: 50% late fees are added

(Void for SNHD error only)

October 1: Administrative closure

- Good time to review finance contact info
- Opt-in for electronic invoice



**CHANGE OF PERMIT HOLDER APPLICATION – AQUATIC HEALTH PROGRAM**

An annual health permit fee and a one-time change of ownership fee must be paid at the time of application per health permit. Application must be made via email at [aquatic@snhd.org](mailto:aquatic@snhd.org). A signed and duly executed Deed or Lease Agreement for the new owner will be required. No Purchase Agreements will be accepted. A representative for the new owner may make application for the change of ownership on his or her behalf.

OWNERSHIP INFORMATION (PERMIT HOLDER)			
OWNER OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR			
OWNER ADDRESS:			
STREET	CITY	STATE	ZIP CODE
OWNER CONTACT INFORMATION:			
PHONE NUMBER	EMAIL ADDRESS		
LOCATION INFORMATION			
FACILITY NAME:			
FACILITY ADDRESS:			
STREET	CITY	STATE	ZIP CODE
FACILITY CONTACT INFORMATION:			
PHONE NUMBER	EMAIL ADDRESS	CONTACT PERSON	
BILLING INFORMATION			
BILLING SENT TO: (CHECK ONE)			
<input type="checkbox"/> OWNER ADDRESS	<input type="checkbox"/> LOCATION ADDRESS	<input type="checkbox"/> OTHER ADDRESS (provide)	
FACILITY INFORMATION			
IS THE FACILITY CURRENTLY OPEN AND OPERATING: <input type="checkbox"/> YES <input type="checkbox"/> NO			HOURS OF OPERATION:
			OPEN      CLOSE
ARE OWNERSHIP DOCUMENTS MORE THAN 30 DAYS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, LATE FEES APPLY)			
IS ESTABLISHMENT UNDER REMODEL? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES NEW PLAN REVIEW FOR REMODEL IS REQUIRED)			
SEPTIC TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO   WATER SUPPLY: (CHECK ONE) <input type="checkbox"/> WELL <input type="checkbox"/> MUNICIPAL SYSTEM <input type="checkbox"/> NOT APPLICABLE			
NUMBER OF RESTROOMS:		NUMBER OF LIFEGUARDS:	

Owner's Signature

Date

Owner's Name (print)

# Change of Permit Holder

Permits are non-transferable  
Must be submitted within 30 days by new owner  
(deed, close of escrow, legal contract)

Requires an application fee  
Failure to submit the application within 30  
days will result in assessment of late fees.



**ESTABLISHMENT FILE UPDATE\***  
Type or print clearly

Submit via Email: [aquatic@snhd.org](mailto:aquatic@snhd.org) or Fax: (702) 759-1485

This form may be used to update a permitted establishment file when changes in business name, phone number or billing address occur or if partners or corporate officers are added or deleted, but the business ownership remains the same.

**\*This Form is Not to be used for a Change of Ownership or a Change of Establishment Location**

If location or ownership changes a new permit must be obtained with applicable fees incurred. Permits are not transferable. Other restrictions and/or permits may apply.

**I. CURRENT PERMIT INFORMATION**

Permit Number and Name of Permit Holder: \_\_\_\_\_

Permit Holder Phone Number: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**II. CHANGES** Complete for changes only

Establishment Name: \_\_\_\_\_

Location Phone Number: \_\_\_\_\_

Management Company: \_\_\_\_\_

Contact / Contact Phone: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Owner Address change: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing address change: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Print Name and Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Establishment Updates

Used when information needs to be updated.

- Name change
- Email updates
- Billing address
- Property management changes

# Two Types of Management Change



## Change of Permit Holder

**SNHD** Environmental Health Division – Aquatic Health Program  
 Email: [aquatic@snhd.org](mailto:aquatic@snhd.org) | Phone: (702) 759-0572

**CHANGE OF PERMIT HOLDER APPLICATION – AQUATIC HEALTH PROGRAM**

An annual health permit fee and a one-time change of ownership fee must be paid at the time of application for health permit. Application must be made via email at [aquatic@snhd.org](mailto:aquatic@snhd.org). A signed and duly executed Deed or Lease Agreement for the new owner will be required. No Purchase Agreements will be accepted. A representative for the new owner may make application for the change of ownership on his or her behalf.

OWNERSHIP INFORMATION (PERMIT HOLDER)			
OWNER OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR			
OWNER ADDRESS:			
STREET	CITY	STATE	ZIP CODE
OWNER CONTACT INFORMATION:			
PHONE NUMBER	EMAIL ADDRESS		
LOCATION INFORMATION			
FACILITY NAME:			
FACILITY ADDRESS:			
STREET	CITY	STATE	ZIP CODE
FACILITY CONTACT INFORMATION:			
PHONE NUMBER	EMAIL ADDRESS	CONTACT PERSON	
BILLING INFORMATION			
BILLING SENT TO: (CHECK ONE)			
<input type="checkbox"/> OWNER ADDRESS <input type="checkbox"/> LOCATION ADDRESS <input type="checkbox"/> OTHER ADDRESS (provide)			
FACILITY INFORMATION			
IS THE FACILITY CURRENTLY OPEN AND OPERATING: <input type="checkbox"/> YES <input type="checkbox"/> NO			HOURS OF OPERATION: OPEN _____ CLOSE _____
ARE OWNERSHIP DOCUMENTS MORE THAN 30 DAYS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, LATE FEES APPLY)			
IS ESTABLISHMENT UNDER REMODEL? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES NEW PLAN REVIEW FOR REMODEL IS REQUIRED)			
SEPTIC TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO   WATER SUPPLY: (CHECK ONE) <input type="checkbox"/> WELL <input type="checkbox"/> MUNICIPAL SYSTEM <input type="checkbox"/> NOT APPLICABLE			
NUMBER OF RESTROOMS: _____		NUMBER OF LIFE GUARDS: _____	
Owner's Signature _____		Date _____	
Owner's Name (print) _____			

Revised: 10 Sept 2021 Page 3 of 3

## Establishment Update

**SNHD** Southern Nevada Health District  
**ESTABLISHMENT FILE UPDATE\***  
 Type or print clearly

Submit via Email: [aquatic@snhd.org](mailto:aquatic@snhd.org) or Fax: (702) 759-1485

This form may be used to update a permitted establishment file when changes in business name, phone number or billing address occur or if partners or corporate officers are added or deleted, but the business ownership remains the same. **\*This Form is Not to be used for a Change of Ownership or a Change of Establishment Location**  
 If location or ownership changes a new permit must be obtained with applicable fees incurred. Permits are not transferable. Other restrictions and/or permits may apply.

**I. CURRENT PERMIT INFORMATION**

Permit Number and Name of Permit Holder: \_\_\_\_\_  
 Permit Holder Phone Number: \_\_\_\_\_  
 Establishment Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**II. CHANGES** Complete for changes only:

Establishment Name: \_\_\_\_\_  
 Location Phone Number: \_\_\_\_\_  
 Management Company: \_\_\_\_\_  
 Contact / Contact Phone: \_\_\_\_\_  
 Contact E-Mail Address: \_\_\_\_\_  
 Owner Address change: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Mailing address change: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Print Name and Job Title: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

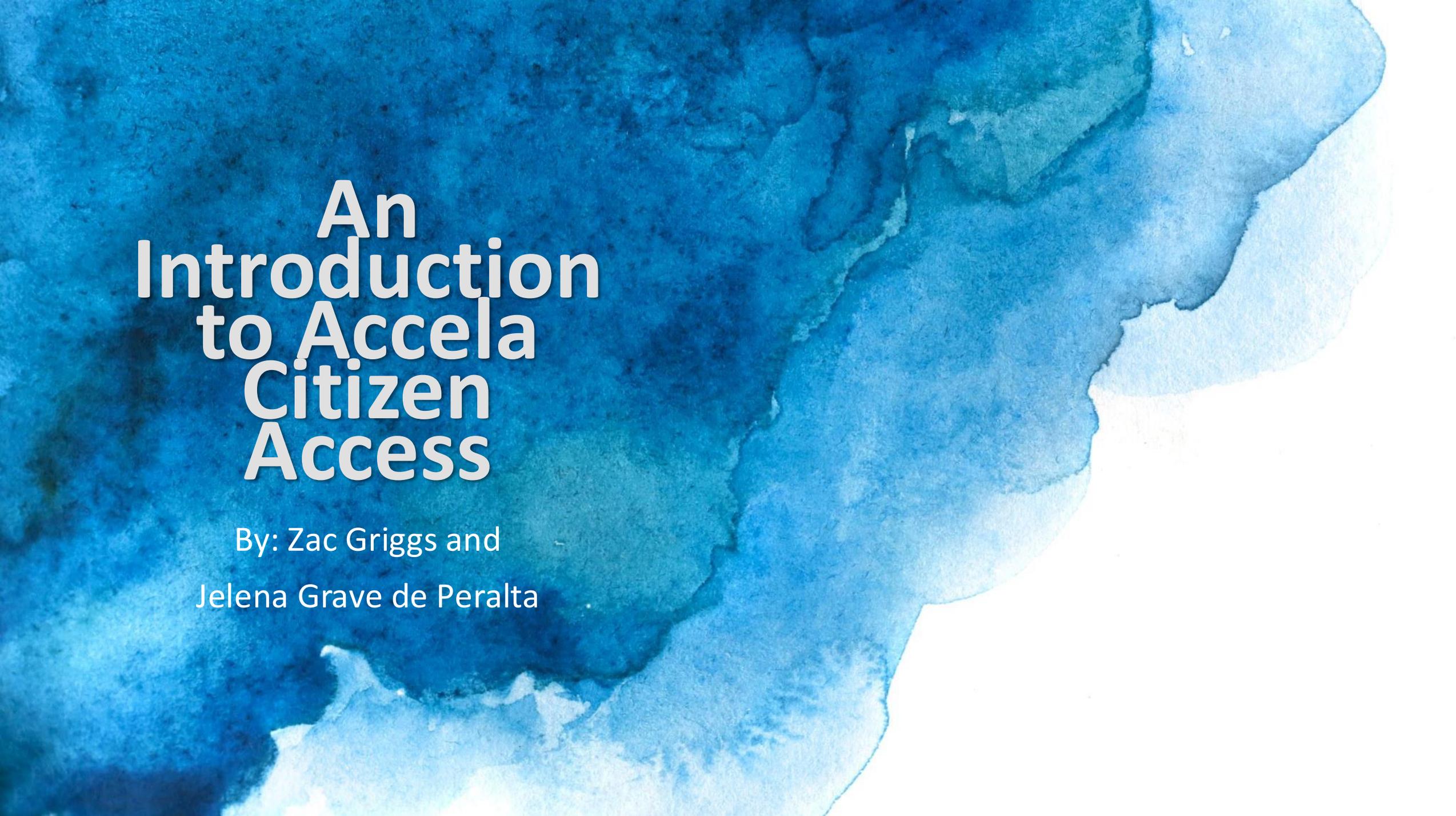
Revised October 2024



## Rule of thumb

New owner?

Same owner - something changed?

The background of the slide is a watercolor-style wash of blue and white. The blue is a vibrant, slightly dark hue, while the white is a clean, bright tone. The colors blend together in soft, organic shapes, creating a textured, artistic effect. The text is overlaid on the darker blue areas.

# An Introduction to Accela Citizen Access

By: Zac Griggs and  
Jelena Grave de Peralta

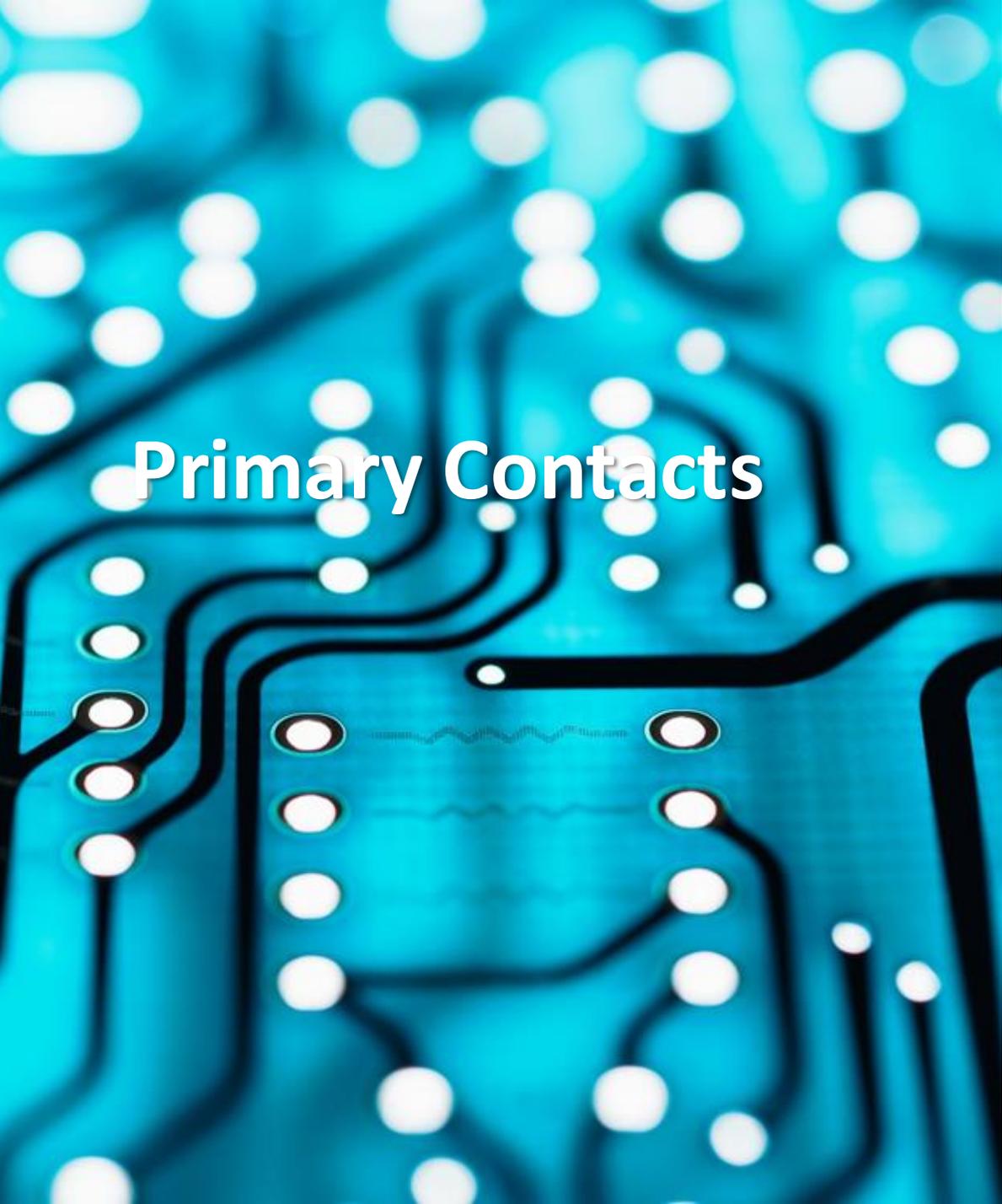
## What is Accela?

- A new inspection and billing software being adopted by SNHD
- The transition to Accela is expected to occur in the coming months
- Permit holders, property managers, and qualified operators will need to register for an Accela Citizen Access (ACA) account as part of the software rollout



## What can ACA do?

- Past SNHD inspection reports and attachments can be viewed by primary contacts and their delegates
- Invoices can be viewed, downloaded, and paid
- Remodels can be tracked through every step of the process
- Complaints can be filed (account not required)
- All of this can be accessed within one account, even outside of SNHD operational hours



# Primary Contacts

- Permitholders and their representatives should decide which email account should be the primary contact
- A long-term email affiliated with the permits should be designated as primary contact to avoid interruption to account access
- Primary contacts can view and manage all permits, and should delegate access to permits to contractors, qualified operators, and other staff

# Delegates

- Delegates may only see what is allowed by the primary contact, who grants access to delegates through permission levels
- Delegates may submit documents or applications on behalf of the permitholder
- Primary contacts will manage delegate access as contractors and staff change to ensure only current staff can view permit information through their account



# Stay Informed

Ensure the primary contact has opted in for paperless billing, as that email address will be used by the SNHD to provide notices of upcoming changes



PROGRAMS PERMITS & REGULATIONS A TO Z NEWS & INFORMATION ABOUT US LOCATIONS SEARCH

## Environmental Health Invoice Payment

 Invoices for annual permit renewal will be **mailed out in July**. Your permit will remain on active status unless you direct us to delete it. **All invoices must be paid within 30 days of receipt.**

 **Opt in today to go paperless and receive invoices electronically.** Help us cut down on paper use and receive timely reminders of your payment due date direct to your email inbox. [Click here to sign up.](#) 

Questions?

