



200 Maine, Suite B | Lawrence, KS 66044 | Phone: 785/843-3060 | Fax: 785/843-3161 | www.ldchealth.org/eh

Application for Residential & Non-Residential Swimming Pools – City of Lawrence

Information Required to Secure Building Permits for New Swimming Pools
Please submit to: ehinfo@ldchealth.org

1. _____
Owner's Name: _____ Address: _____ Phone: _____
2. _____
Pool Contractor or Business Name: _____ Phone: _____
3. Size of Pool (Gallons) = _____
4. Size of Pump (Gallons Per Minute) = _____
5. Type of Chlorinator: Chlorine Tablets Chlorine Salt Liquid Chlorine
6. Type of Filter: Sand Filter Cartridge Filter Other: _____
7. Method of filling pool: *Piped Plumbing *Garden Hose
* (Backflow Prevention devices may be required)
8. *Fencing or cover barrier (To be approved by the City of Lawrence):

Signature of Property Owner or Agent

Date: _____

Owner's Printed Name

For Health Department Use Only

Pool Construction Approved: _____ Date: _____