Department of Health

Center for Drinking Water Quality

Three Capitol Hill

Providence, RI 02908-5097  
 222-6867

TTY: 711

www.health.ri.gov

**APPLICATION – NON-SUBSTANTIAL ALTERATION TO EXISTING AQUATIC VENUE**

*(One application package is required for each venue.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant | | |  | | |
| Name of authorized agent if applying on behalf of a corporation or municipality | | |  | | |
| Mailing address (street/PO box) | | |  | | |
| City/town, state & zip code | | |  | | |
| Telephone number | | |  | | |
| E-mail address | | |  | | |
| Licensed venue name | | |  | | |
| License number | | |  | | |
| Project description |  | | | | |
| Physical address of aquatic venue | Street name and number | | |  | |
| City/town | | |  | |
| Venue type | □ Swimming □ Therapy □ Wading □ Other: | | | | |
| Venue location | □ Indoor □ Outdoor □ Combination | | | | |
| Bather type  *(select all that apply)* | □ Children ages 0-12 □ Youth ages 13-17 □ Adults □ Ages 65+ | | | | |
| Lifeguards | □ Present at all times that the aquatic venue is open  □ Not present at all times that the aquatic venue is open | | | | |
| Professional Engineer overseeing project  *(must have an active Rhode Island PE license)* | Name | | | |  |
| RI license number | | | |  |
| Expiration date | | | |  |
| Mailing address (street/PO box) | | | |  |
| City/town, state & zip code | | | |  |
| Telephone number | | | |  |
| E-mail address | | | |  |
| *The following documents must be submitted with this form. Incomplete application packages will be returned to the applicant.* | | | | | |
| □ Aquatic Venue Design Compliance Form – Non-Substantial Alteration to Existing Venue, signed and stamped  by Rhode Island (RI)-licensed PE  □ Non-Substantial Alteration Proposed Equipment/Materials Summary, signed and stamped by RI-licensed PE  □ Design drawings showing the proposed non-substantial alterations to the Aquatic Venue, signed and stamped  by RI-licensed PE  □ Specification sheets for proposed new components  □ Proof of NSF certification for proposed new components  □ Signed ADA acknowledgement form | | | | | |
| Signature | |  | | | |
| Date | |  | | | |

Form version 4-24-2019