POOL PLAN CHECK APPLICATION

**Note: Plans will NOT be accepted unless this application is <u>completed</u>, and the applicable fee is paid.
Please refer to the Plan Check Fee Schedule for additional information.**

Jobsite Information:

Facility Name:

Facility Address:	City:	Zip Code:

Type of Public Swimming Pool (Check All That Apply for the Project):
□ Swimming Pool   □ Spa Pool   □ Special Purpose Pool
□ Wading Pool

□ New Construction _____ sq. ft	□ Resurface of a currently operating facility FA#_____ □ Alteration of existing pool, auxiliary structures or equipment

Briefly Describe Scope of Work/Extent of Remodel Per Body of Water:

Business Owner Information:

Name:	Title:

Address (Street, City, Zip):

Contact Phone:	Email:	Fax:

Architect/Contractor/Requestor   Contractor License #:_____

Name:	Title:	Company:

Address (Street, City, Zip):

Primary Contact Phone:	Email:	Fax:

Items Submitted:

□ 3 Sets of Plans drawn to scale   □ Site Plan   □ Make/Model of Existing Equipment
□ Make/Model of Proposed Equipment   □ Finish Schedule   □ Elevation Plans

Important Notes:
- **Allow 30 calendar days for the plan review.**
- The fee paid is NON-REFUNDABLE once the initial review has begun. The fee paid is based on your declaration indicated above. If this declaration is incorrect, the plans will not be reviewed until the correct fee is paid.
- **Do NOT begin construction until plans have been approved and a Permit to Construct has been issued by the Environmental Health Division and the appropriate local or county Building and Safety Department.**

By completing/submitting this form and signing below, you acknowledge that you have read and understand the terms above.
Signature_____   Date: _____

FOR OFFICE USE ONLY				
Date Rec'd	**Rec'd By**	**Amt Rec'd $**		**Receipt #**

Type of Payment: □ Check#_____   □ Credit Card   □ Cash   □ Other _____

SR#	PE#	IN#	AR#	Location:
SR#	PE#	IN#	AR#	Location:
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