



Application For Construction Work Of Public Pools / Spas / Spray Grounds

Note: Plans Will Not Be Accepted Unless The Application, The Plan Submission Checklist & The Data Sheets Are Complete, Legible, And Plan Check Fee Is Paid

FOR OFFICIAL USE	
Work Type: Circle one	
New/Reconstruction	Equip. Only
Remodel/Replaster	Fence/deck
Equip./Inspection	VGB
Fee: _____	Date: _____
Construction Permit # _____	

Pool Facility Name: _____

Job Site Address: _____

City: _____ Zip Code: _____

Phone: _____

Pool Owner Name: _____

Phone: _____

Mailing Address: _____ City: _____ Zip Code: _____

E-mail:*

Contractor/Designer: _____

Phone: _____

Mailing Address: _____ City: _____ Zip Code: _____

E-mail:*

License Number: _____

*** A valid email address is required of the owner and designer/architect.**

Type Of Pool: Swimming Spa Wading Special Use Spray Ground Other

General Construction:

New Pool / Spa

OR

- Replaster Remodel Ancillary Facilities Replace Plumbing VGB Replacement
 Enclosure Equipment Installations Rebuild Equipment Room Split Main Drains

Scope Of Work (Briefly detail any equipment replacements): _____

Owner/Representative Declaration: I certify that I have read the entire application and state that all information is correct. I understand that the amount of fee paid is based on my declaration of information on this form, and that incorrect information is grounds for disapproval of the submitted plans. I also understand that plans will be discarded if not picked up within sixty (60) days of approval or disapproval, and that no inspection of my establishment will be conducted, or approval to operate granted, until all proper information requested has been received and plans have been approved and returned. **I have reviewed the CA Code and Regulations pertaining to Public Swimming Pools and Spas, and my plans follow the guide.**

Signature _____

Date _____

Additional CONTACTS
FOR NEW and RECONSTRUCTED POOLS & SPAS
(Only one copy needed per construction site.)

Contractor/Designer:			Phone:		
Mailing Address:		City:		Zip Code:	
E-mail:*			License Number:		
Contractor/Designer:			Phone:		
Mailing Address:		City:		Zip Code:	
E-mail:*			License Number:		
Contractor/Designer:			Phone:		
Mailing Address:		City:		Zip Code:	
E-mail:*			License Number:		