



**POOL/SPA PLAN SUBMITTAL CHECKLIST**

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

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

**These items below have been included in the plans being submitted at this time. It is understood that omission of any required information will result in a delay in the plan approval.**

Yes	No	Requirements
		Plan Check application along with the Plan Check fee. See fee schedule.
		Copy of current annual Environmental Health Permit. (For AB 1020 or Remodels)
		Vicinity map showing the location of the pool and the pump room.
		The scope of work being proposed.
		The name, license number, and license classification of the contractor who will complete the scope of work.
		If submitting for AB 1020, please submit two (2) sets of drawings of each existing body of water showing all existing components relating to pool/spa suction including but not limited to: Main drain/jet suction outlets; Skimmers; Equalizer line suction outlets; Vacuum ports; Suction line valves; Suction line connections to each pump; Any other components that will be impacted by this project. (see example below)
		List of all pool/spa pumps indicating type (filtration, booster/jet, etc.); make & model number; horsepower; and maximum capacity (GPM) based on manufacturer's performance curve at 60 feet of head for filtration pump and 40 feet of head for booster/jet pump.
		Manufacturers' name and model number/Specification sheets for all equipment ; including but not limited to the following: pumps, filters, skimmers, SVRS, solar systems
		Include a description or drawing of the proposed location of SVRS connection and the test method to be used to verify proper installation.

In order to determine your fee, please check the boxes that apply to your project:

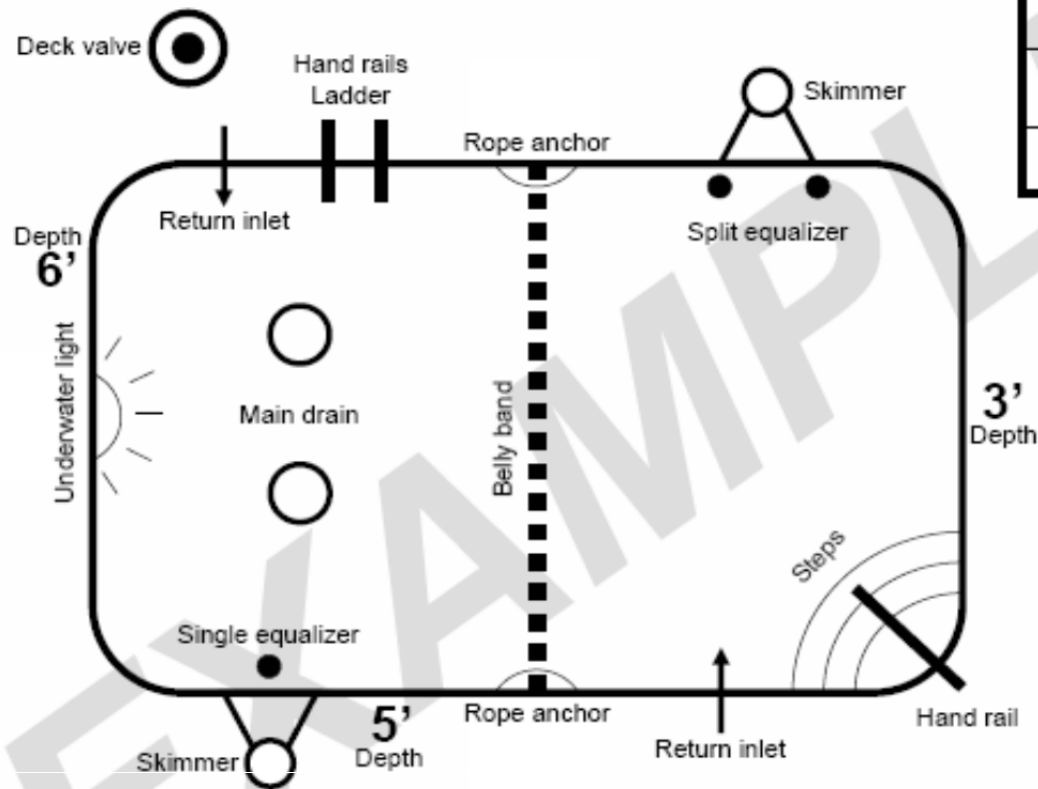
<input type="checkbox"/> <b><u>New Pool/Spa</u></b> <input type="checkbox"/> Up to 4,999 SqFt <input type="checkbox"/> ≥ 5,000 SqFt <input type="checkbox"/> Water Feature Surcharge	<input type="checkbox"/> <b><u>Remodel Pool/Spa</u></b> <input type="checkbox"/> Up to 4,999 SqFt <input type="checkbox"/> ≥ 5,000 SqFt <input type="checkbox"/> Replaster <input type="checkbox"/> Single Piece of Equipment
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Signature: \_\_\_\_\_

Circle one: Architect / Designer / Contractor / Owner / Other: \_\_\_\_\_

Please check our website [deh.santaclaracounty.gov](http://deh.santaclaracounty.gov) for additional information or call us at 408-918-3400.



Site Name	
Site Address	
Max Flow	

### Check list

Main drain	
Skimmer	
Equalizer	
Deck valve	
Return inlet	
Underwater light	
Steps	
Hand rail	
Belly band	
Rope anchors	
Depth	

