



Recreational Health Plan Check Application Form

Facility Type: Pool Spa Other (wading pool, spray ground): _____

Scope of Work: New Construction Remodel Resurface (PC18) Equipment Addition/Replacement (PC09)

Other: _____

Square Footage: _____

Project Name _____

Current/Former Facility Name (if any) _____

Project Address _____

City _____ **Zip** _____ **Phone #** _____

Contact Person (Designer/Architect/Contractor) _____

Business Name (if any) _____

E-mail Address _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

Owner/Permittee of Pool/Spa _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

E-mail Address _____

By my signature below, I acknowledge that I am submitting this plan check application form pursuant to Health & Safety Code section 114380.

Applicant Signature _____ **Date** _____

Applicant Name (print) _____ **Title** _____

**** Office Use Only ****

Comments -

Owner ID _____ **Facility ID** _____ **District Specialist Name** _____

Program ID _____ Binder Samples **Status:** **Finaled** **Deleted** **Expired**

Name Date

Received By _____ / / **Account ID #** _____ **Invoice #** _____

Assigned To _____ / / **Check Number #** _____ **Amount Paid: \$** _____

Plan Check SR #: _____ **P/E Code(s):** _____ **Due Date:** _____