



OFFICIAL USE ONLY	
SITE # _____ - ____	
Rec'd by _____	
Date _____	
Amt pd. _____	
Rcpt# _____	

Environmental Health Division

PUBLIC POOL/SPA - REMODEL

FACILITY INFORMATION																								
Facility Name:		Phone Number:																						
Facility Address:	City:	State:	Zip:																					
Email:	Assessor's Parcel No.:																							
OWNER INFORMATION																								
Owner Name:		Phone Number:																						
Owner/ Contact Address:	City:	State:	Zip:																					
Email:																								
CONTRACTOR / DESIGNER / SUBMITTER INFORMATION																								
Designer/Submitter Name:		Phone Number:																						
Contact Address:	City:	State:	Zip:																					
Contractor/Builder Name: <i>(If other than Submitter)</i>	California Contractors State License Board Type:	License No:																						
Email:																								
PROJECT DESCRIPTION																								
<p>Scope of Work: (check all that apply) <i>Include all modifications, upgrades, and additions that will be done during the renovation regardless of whether multiple contractors are performing the work. Please note, the scope of work may require additional plan submittal.</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Resurfacing-white plaster</td> <td><input type="checkbox"/> Splitting suction outlets</td> <td><input type="checkbox"/> Solar installation</td> </tr> <tr> <td><input type="checkbox"/> Waterline tile</td> <td><input type="checkbox"/> Coping (provide detail)</td> <td><input type="checkbox"/> Fencing (provide fence plans)</td> </tr> <tr> <td><input type="checkbox"/> Trim tile</td> <td><input type="checkbox"/> Replace surface skimmers</td> <td><input type="checkbox"/> Replace plumbing</td> </tr> <tr> <td><input type="checkbox"/> Depth markers</td> <td><input type="checkbox"/> Decking</td> <td><input type="checkbox"/> Depth change (e.g. shallow)</td> </tr> <tr> <td><input type="checkbox"/> Breakline tile @ 4 ½ foot</td> <td><input type="checkbox"/> Deck depth markers</td> <td><input type="checkbox"/> Drain covers</td> </tr> <tr> <td><input type="checkbox"/> Hand rails (provide detail)</td> <td><input type="checkbox"/> Bring equipment out of pit</td> <td><input type="checkbox"/> Pump replacement</td> </tr> <tr> <td><input type="checkbox"/> Deep end ladder/grab rails</td> <td><input type="checkbox"/> Equipment addition/change</td> <td><input type="checkbox"/> Other – Describe below</td> </tr> </table>				<input type="checkbox"/> Resurfacing-white plaster	<input type="checkbox"/> Splitting suction outlets	<input type="checkbox"/> Solar installation	<input type="checkbox"/> Waterline tile	<input type="checkbox"/> Coping (provide detail)	<input type="checkbox"/> Fencing (provide fence plans)	<input type="checkbox"/> Trim tile	<input type="checkbox"/> Replace surface skimmers	<input type="checkbox"/> Replace plumbing	<input type="checkbox"/> Depth markers	<input type="checkbox"/> Decking	<input type="checkbox"/> Depth change (e.g. shallow)	<input type="checkbox"/> Breakline tile @ 4 ½ foot	<input type="checkbox"/> Deck depth markers	<input type="checkbox"/> Drain covers	<input type="checkbox"/> Hand rails (provide detail)	<input type="checkbox"/> Bring equipment out of pit	<input type="checkbox"/> Pump replacement	<input type="checkbox"/> Deep end ladder/grab rails	<input type="checkbox"/> Equipment addition/change	<input type="checkbox"/> Other – Describe below
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For Each Body of Water Include the Following:

- Application
- Two (2) diagrams/ floor plans for each body of water
- Floor plan of Equipment room and cloud changes
- Specification Sheets (for all new equipment, including NSF 50 certification, and all applicable pump curves)

BODY OF WATER INFORMATION

Type of Body of Water (BOW): Pool Spa Wading Therapy Spray Grounds Other: _____

Perimeter Overflow Pool: Yes No Indoor Pool: Yes No Waste Water Disposal: Sewer Other: _____

Surface Area (ft ²):	Capacity (gallons):	Turnover Rate:	Pipe Material (e.g. PVC sch. 40):	No. of Return Inlets: Floor: _____ Wall: _____	Year Built:
Shell: <input type="checkbox"/> Gunit & Plaster (white only) <input type="checkbox"/> Other (describe): _____	Handholds: <input type="checkbox"/> Bull-nosed <input type="checkbox"/> Cantilevered Deck <input type="checkbox"/> Perimeter Gutter <input type="checkbox"/> Other (describe): _____	No of Skimmers:	Equalizer Lines <input type="checkbox"/> YES <input type="checkbox"/> NO Provided:		
Suction Line Sizes:	Water Source:	Main Drain Suction Outlet Symmetrically Split <input type="checkbox"/> YES <input type="checkbox"/> NO (3ft. in a "T" Configuration)			
Return Line Sizes:	Fill Type/Size (in):	Equalizer Lines Outlet Symmetrically Split <input type="checkbox"/> YES <input type="checkbox"/> NO (3ft. in a "T" Configuration)			
		Spa Jet Suction Outlet Symmetrically Split <input type="checkbox"/> YES <input type="checkbox"/> NO (3ft. in a "T" Configuration)			

For Recirculation Equipment Change: Fill in all applicable information in the "Specifications for Equipment Change" and "Pump Information" sections and provide an equipment room diagram showing all pumps, filters, disinfection feeders, pipe sizing, valves, flow meters, equipment connections, controllers, and pressure gauges. The diagram of the proposed equipment layout must include plumbing sizes, elbows and valves.

SPECIFICATIONS FOR EQUIPMENT CHANGE

TYPE	EXISTING Make/Model	NEW Make/Model	CAPACITY / SIZE / QUANTITY
Skimmers			
Filter - Sand, DE or Cartridge			
Separation Tank (for DE filters)			
Chlorinator/Disinfectant Feeder – Interlocked with Pump			lb./day
Automatic Monitor/Controller – Interlocked with Pump			
Flow Meter (indicate range)			
Outlet Covers – Recirculation			
Outlet Covers – Equalizer Lines			
Outlet Covers – Booster Pump			
Safety Vacuum Release System			
Other Anti-Entrapment Device or System			
Heater - Include BTU/KW and Bypass If Applicable			
Underwater Lighting - With GFCI Protection			
Emergency Shut-off Switch (turns off all pumps and feeders)			

SPECIFICATIONS FOR EQUIPMENT CHANGE contd.

TYPE	EXISTING Make/Model	NEW Make/Model	CAPACITY / SIZE / QUANTITY
Auto-fill Make Up Water (Include backflow prevention device utilized)			
Other Equipment			

PUMP INFORMATION

TYPE	HORSEPOWER	EXISTING Manufacturer/Model	NEW Manufacturer/Model	GPM @ 60' TDH*
Recirculation	HP			
Spa Jet	HP			
Solar	HP			
Other	HP			

*If installing a Variable Speed Pump or Variable Frequency Drive, provide the following: setting of the pump such that required turnover and flowrate are achieved without exceeding design parameters including filters and piping.

REMODEL AND ANCILLARY FACILITY INFORMATION

- Describe type of finish material and color of pool interior. Include top view with dimensions on diagram as well as fixtures including split drain detail as applicable. Describe outlet or inlet fittings, lane marking, depth markers, step or bench trim tile and depth tile line.
Note: Pool shall be white only, light pastel may apply to spa only.
- Handrail - Provide detailed elevation. Show location on plan. Two handrails needed for spa steps.
- Steps / Ladder / Ramp - Provide detailed elevation. Show location on plan. Include tread and riser requirements.
- Sump-Field Fabricated - Certified by a Design Professional – Provide a detail.
- Enclosure Remodel - Provide detailed elevation.
- Deck Remodel - Include finish material and show the deck drains or where the deck will drain, and the location of the hose bib on the plan. Indicate slope and width around pool perimeter.
- Restroom / Shower Remodel - Plan shall include a finish schedule, floor drain, and indicate the travel distance to pool and drinking fountain. *NOTE: If restrooms are required, fixtures as indicated in the Pool Code are needed using the ratio of one person per 15 sq. ft. of pool surface area.*
- Equipment Room Plan - Show deck drain and slope, backwash sumps with air gaps, backflow prevention devices and mop sink for cartridge filter cleaning area if applicable.
- If a diving board is present, provide details on the submitted diagram. If the diving board is existing, it may comply with the 1982 pool code requirements if applicable. New diving boards must comply with the current Pool Code.

I declare under penalty of perjury that to the best of my knowledge and belief, the persons or entities identified on this application are properly identified natural persons, or properly identified legal entities registered with the California Secretary of State and in good standing to do business in California. I acknowledge that the Division of Environmental Health will have the legal authority to inspect this business at any time. I also agree to comply with all applicable requirements contained in the California Health and Safety Code, California Building Code as implemented locally, California Code of Regulations, and all applicable County and City Ordinances, including any requirements in permits or orders issued to this business pursuant to those laws, regulations and ordinances. I understand that if the plans I am submitting are incomplete due to a lack of any of the required information, the plans will be rejected. I am aware that plan check fees are not refundable, and that approved plans are only valid for one year from the approved stamp date. Any proposed deviation from approved plans must be submitted to and approved by the Division of Environment Health, prior to construction.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____