



Recreational Health Plan Check Application Form

Facility Type:	<input type="checkbox"/> Pool	<input type="checkbox"/> Spa	<input type="checkbox"/> Other (wading pool, spray ground): _____	
Scope of Work:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel	<input type="checkbox"/> Resurface (PC18)	<input type="checkbox"/> Equipment Addition/Replacement (PC09)
	<input type="checkbox"/> 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	<input type="checkbox"/> Binder	<input type="checkbox"/> Samples	Status:	Finaled	Deleted
Name		Date			
Received By	_____/_____/_____	Account ID #	Invoice # _____		
Assigned To	_____/_____/_____	Check Number #	Amount Paid: \$ _____		
Plan Check SR #:			P/E Code(s):	Due Date:	