

APPLICATION FOR PUBLIC POOL PLAN REVIEW

(Please print clearly, using BLUE or BLACK ink ONLY)

FACILITY INFORMATION			
Business Name:			
Address:	City:	State:	ZIP:
LEGAL OWNER INFORMATION			
Owner's Name:			
Address:	City:	State:	ZIP:
E-mail:	Phone Number:		
POOL CONTRACTOR			
Name:	Contact Person:		
Address:	City:	State:	ZIP:
E-mail:	Phone Number:		
<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wading Pool <input type="checkbox"/> Interactive Spray Ground <input type="checkbox"/> Special Use			
Simple Remodel: <input type="checkbox"/> Above Ground Equipment <input type="checkbox"/> Drain Cover <input type="checkbox"/> Fence/Gate <input type="checkbox"/> Restroom Change <input type="checkbox"/> Resurfacing Plaster Only New/Major Remodel: <input type="checkbox"/> Decking/Coping <input type="checkbox"/> Underground Plumbing/Equipment <input type="checkbox"/> Resurface/Retile <input type="checkbox"/> Other (specify Below)			
Describe Scope of Work:			
Size of Pool(s): _____ Gallons: _____ Year Pool Built: _____ Drains Split? <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing pump model/hp: _____ Suction Line Size: _____ Return Line Size: _____ <input type="checkbox"/> PVC <input type="checkbox"/> Copper	If spa, booster pump model/hp: _____ Suction Size: _____ Return Size: _____ <input type="checkbox"/> PVC <input type="checkbox"/> Copper	Grates/Drain Covers Make/Model: _____
OWNER/REPRESENTATIVE DECLARATION: I understand that the fee paid is NON-REFUNDABLE and the application is NON-TRANSFERABLE. The fee paid is based on my classification indicated above. I understand that the plans will not be reviewed until the correct fee is paid. The fee includes initial plan review, initial submittal, preliminary and final inspection. Additional resubmittals, consultations, or field inspections will be charged at the hourly rate (minimum 1 hour). I understand reviewed and approved plans are valid for two years from the date of approval. Plans must be approved prior to commencing construction or installation of any equipment. Note: Mechanical, Plumbing, and Electrical Permits may be required as a result of the construction. Contact the Permit Center at (626) 744-4200 for additional requirements.			
Signature:		Date:	
Print Name:		Title:	

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

FEES AND DECADE INFORMATION			
SR #:	District#:	Assigned To:	Date Assigned:
	Amount Paid:	Received By:	Entered By: