



# County of San Diego

## DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION PUBLIC POOL AND MISCELLANEOUS ACTIVITIES PLAN CHECK APPLICATION



[www.sdcdeh.org](http://www.sdcdeh.org)

**MAIN OFFICE SAN DIEGO**  
5500 Overland Ave #110  
SAN DIEGO, CA 92123  
(858) 505-6660

(For office use only)  
PLAN CHECK #: \_\_\_\_\_  
INTAKE DATE: \_\_\_\_\_  
AMT PAID: \_\_\_\_\_  
CHECK # \_\_\_\_\_

### PART I

#### FACILITY BUSINESS AND CONTACT INFORMATION

<input type="checkbox"/> NEW/TI	<input type="checkbox"/> RENOVATION	<input type="checkbox"/> REMODEL	<input type="checkbox"/> CONSULTATION	<input type="checkbox"/> REVISION	<input type="checkbox"/> OTHER _____
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Facility Name \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_  
 Facility Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

#### BUSINESS OWNER:

Name \_\_\_\_\_ Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

#### DESIGNER/CONTRACTOR:

Name \_\_\_\_\_ Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ State Contractor's License if applicable \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Contact Phone ( ) \_\_\_\_\_  
 Contact Fax ( ) \_\_\_\_\_ Contact E-Mail Address \_\_\_\_\_

#### POOL FACILITY INFORMATION

**Total # of Pools at Site:** \_\_\_\_\_ **Total Square Feet of Each Pool:** \_\_\_\_\_ **Projected Construction Completion Date:** \_\_\_\_\_

#### TYPE OF POOL (s)

<input type="checkbox"/> Pool	<input type="checkbox"/> Spa	<input type="checkbox"/> Wader	<input type="checkbox"/> Therapy/Medical	<input type="checkbox"/> Interactive Water Feature	<input type="checkbox"/> Competition
<input type="checkbox"/> Instructional	<input type="checkbox"/> Spray Pad	<input type="checkbox"/> Diving	<input type="checkbox"/> Slide Landing Pool	<input type="checkbox"/> Water Attraction	<input type="checkbox"/> Special Purpose

If **Special Purpose**, explain? \_\_\_\_\_

**Perimeter Overflow Pool(s)**  Yes  No **Indoor Pool**  Yes  No

**MAJOR RENOVATION:** changes to existing pool shell or plumbing from pool.  Yes  No- Describe \_\_\_\_\_

**REMODEL:** for rec. bldg with sanitary facilities or water feature addition to existing pool.  Yes  No  
Describe \_\_\_\_\_

**SEWER:**  Public  Septic/ Private **WATER:**  Public  Well/ Private (If private contact Land Use at (858) 565-5173)

Identify the municipal water and wastewater district \_\_\_\_\_

Restrooms: Are separate toilet facilities for men and women located within 100 feet of the public pool?  Yes  No

#### SANITARY FACILITIES (Indicate for new pools, remodels and major renovations)

	Number of Toilets	Number of Urinals	Number of Sinks	Number of Showers	Number of Drinking Fountains
MEN					
WOMEN					

#### OTHER ACTIVITIES

<input type="checkbox"/> MASSAGE	<input type="checkbox"/> BODY ART	<input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> BODY PIERCING	<input type="checkbox"/> OTHER _____
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#### COMPLETE PART II

## PART II

### SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR FOR NEW POOL OR MAJOR RENOVATION APPLICATION.

Applications will not be processed until all required documents are received and all fees are paid.

- 1) Plans must be submitted to a stated scale (i.e. pool = 1/4" per ft., spa = 1/2 "per ft.) and done in a professional manner. The minimum size is 11" x 17". A total of four (4) sets are required for new pools and major remodels of pools, three (3) sets for all other facilities, remodels and renovation.
- 2) Name, address, and telephone number of owner, pool contractor or pool company, general contractor and architect to be on plans.
- 3) Address of pool to be constructed. Include Vicinity Map for new sites.
- 4) Plot plan drawn to scale showing the pool location in relation to all buildings on the property. Where applicable such as for restroom exemption, indicate the travel distance in feet from the pool to the living quarters on the property that are farthest from the pool. Smaller scale is acceptable on the plot plan only.
- 5) Indicate equipment make and model numbers on the plans and include a complete data sheet (See document Pool Plan Checklist).
- 6) Scale floor plan of pool equipment room or area, minimum scale 1/2 inch = 1 foot. Identify all equipment and plumbing.
- 7) Pool user restroom, dressing and shower facilities plan (when necessary). If restroom, dressing and shower facilities are required or proposed. (See document Pool Ancillary Facilities Checklist).
- 8) Pool decking, pool fencing or enclosure plans. Existing facilities must be clearly defined.
- 9) Exhaust ventilation plans to be included for indoor pools.
- 10) Identify all structures and features within the pool enclosure area.

#### TYPE OF OPERATION (check all that apply)

<input type="checkbox"/> Municipal/County Agency	<input type="checkbox"/> Campground	<input type="checkbox"/> Waterpark/Theme Park
<input type="checkbox"/> Government Facility	<input type="checkbox"/> Country Club/Private Club	<input type="checkbox"/> College or University
<input type="checkbox"/> Resort/Convention Center	<input type="checkbox"/> Health Club/Swim Club	<input type="checkbox"/> Public/Private School
<input type="checkbox"/> Apartment Complex/Rental	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Common Interest Development
<input type="checkbox"/> YMCA/YWCA/Boys & Girls Club	<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Other: _____

#### FOR POOL MINOR RENOVATION CHECK TYPE:

- Resurfacing the pool interior** - Describe type of finish and color of pool interior. Include plan top view with dimensions, fixtures including split drain detail as applicable.
- The enclosure** - Submit elevations and details of the fence and gates and a site plan showing the location of the new fence.
- Removal and replacement of the deck** - Submit a deck plan and fully describe scope of all work to be done including drainage.
- Equipment Change – See Part III.**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable and that plans, once reviewed, will be picked up within 60 days or they will be discarded. Plans are valid for one year after stamp. Any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environment Health.

Authorized Signature _____	Date _____
Print Name and Title Here _____	

**OTHER AGENCIES:**  BLDG DEPARTMENT  FIRE DEPARTMENT  WATER/WASTEWATER DISTRICTS  DEH-LWQ  DEH-HAZMAT  
 (NOTE: If you are the business owner and an honorably discharged veteran you may be eligible for a fee exemption).

(For office use only)

PLAN CHECK #/TYPE: \_\_\_\_\_ PERMIT NUMBER/TYPER: \_\_\_\_\_ CENSUS TRACT: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ ROUTE CODE: \_\_\_\_\_

PLAN STATUS:  APPROVED  DISAPPROVED  BLUE TAG; PC INITIALS \_\_\_\_\_ REVIEW DATE \_\_\_\_\_

RECHECK STATUS:  APPROVED  DISAPPROVED  BLUE TAG; PC INITIALS \_\_\_\_\_ RECHECK DATE \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

#### COMPLETE PART III FOR EQUIPMENT CHANGES ONLY

**PART III**

**POOL EQUIPMENT CHANGE CHECKLIST**

<b>Current Permit #:</b>	<b>Date Pool was Built:</b>	
If multiple pools, spas, and/or wading pools are on site, identify which one is to be remodeled (If more than one pool is remodeled, submit this part separately for each). Manufacturer specification sheets "cut sheets" for equipment not on approved equipment list including pump curves. Approval by ANSI (NSF), ASME, IAPMO, and ASTM as needed.		
<b>POOL DIMENSIONS</b>		
Surface area:	Rectangle or square: (length) _____ x (width) _____ = _____ sq. ft. Circle: 3.14 x (radius) _____ <sup>2</sup> = _____ sq. ft. Kidney: [(small width) _____ + (large width) _____] / 2 x (length) _____ x .45 = _____ sq. ft.	
Volume:	(Surface area) _____ x (av. Depth) _____ x 7.48gal./cu.ft. = _____ gallons	
Turnover rate:	Pool: (gallons) / 360 minutes = _____ gpm Spa: (gallons) / 30 minutes = _____ gpm Wading pool: (gallons) / 60 min. = _____ gpm	
<b>EQUIPMENT</b>	<b>Existing</b>	<b>New</b>
FILTER: Make and Model:		
Type:		
PUMP: Make and Model:		
H.P.:		
DISINFECTANT: Make and Model:		
Type:		
FLOWMETER: Make and Model:		
HEATER: Make and Model/ BTUs		
OTHER:		
(For office use only) Renovation approved by:		Date:
Comments: _____ _____ _____ _____ _____ _____ _____		

- Provide a schematic diagram of the proposed equipment layout. A detailed view of the equipment room and equipment within it noting that sufficient room is provided to access equipment for proper operation and maintenance. Include plumbing sizes and type.
- Describe any additional changes (i.e., plumbing, electrical, structural, ancillary facilities etc.). Further details may be required for other changes.