



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
FOOD AND HOUSING DIVISION
 5500 Overland Ave. #110 San Diego, CA 92123
 (858) 505-6660 www.sdcdehq.org



PLAN CHECK APPLICATION
PUBLIC POOL - MINOR REMODEL OR RENOVATION

FOR OFFICE USE ONLY			
Permit #:	Plan Check #:	Received Date:	Fee:

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			
Check one:	<input type="checkbox"/> Minor Remodel – An alteration or modification to any part of the facility that does not require demolition of the structure. (Includes, but not limited to: resurfacing, tile lines, handrails, deck work, enclosure changes, above ground plumbing and equipment changes, ancillary facility changes, and solar heater installation)		
	<input type="checkbox"/> Renovation – Limited replacement or changes to the below ground plumbing of a BOW. (Includes, but not limited to: split suction outlets, surge tanks, and main drain alterations; and changes to a pool shell that includes steps, ladders, or depths of the BOW typically associated with resurfacing)		
	<input type="checkbox"/> Single Unit Equipment Replacement – The replacement of an existing single piece of equipment with a unit of the same function, in the same location, and meets similar specifications as the existing equipment. An appointment must be made prior to submitting the necessary information over the counter or online for review by an inspector. (Includes, but not limited to: filters, heaters, and pump replacement) *NOTE: If replacing the equipment with a unit of the exact same make, manufacturer, and model number, no submittal is required.		
Describe Scope of Work in Detail:			

For Each Body of Water: In addition to this application, attach 3 copies of a diagram for each body of water and include the details identified in the "Remodel and Ancillary Facilities Information" section of this application on the diagram. For all new and existing equipment, submit one set of specification sheets that includes all product specifications such as make, model number, maximum capacities, pump curves, and NSF-50 approval.

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:	Main Drain Suction Outlet Symmetrically Split (3ft. in a "T" Configuration)	Equalizer Lines <input type="checkbox"/> YES <input type="checkbox"/> NO	Provided:
				Equalizer Lines Outlet Symmetrically Split <input type="checkbox"/> YES <input type="checkbox"/> NO (3ft. in a "T" Configuration)	
Suction Line Sizes:	Water Source:	Equalizer Lines Outlet Symmetrically Split <input type="checkbox"/> YES <input type="checkbox"/> NO (3ft. in a "T" Configuration)			
Return Line Sizes:	Fill Type/Size (in):	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 on this application 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.

Note: Ensure that there is enough space provided in the equipment room to access equipment for proper operation and maintenance. This must also be noted on the diagram.

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 the 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. See Public Pool Resurface Guidelines.*
- 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 bibb 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: Separate male and female facilities are needed when restrooms are required. 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 Department of Environmental Health and Quality 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 and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not refundable, and that plans must be picked up within 60 days after they are rejected or approved, or they will be discarded, and that approved plans are only valid for two years from the stamp date. Any proposed deviation from approved plans must be submitted to and approved by the County of San Diego, Department of Environmental Health and Quality, prior to construction. I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

Authorized Signature: _____ Date: _____
 Print Name: _____ Title: _____

FOR OFFICE USE

Reviewed by: _____	Date: _____
Notes / Comments	