



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

www.sdcountyplanchek.org

Plan Check Scheduling Line: (858) 505-6660

PLAN CHECK APPLICATION

PUBLIC POOL - MINOR REMODEL, RENOVATION, SINGLE EQUIPMENT CHANGE

FOR OFFICE USE ONLY			
Permit #:	Plan Check #:	Rec'd 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: (If other than Submitter)	California Contractors State License Board Type:	License No:	
Email:			

BILLING CONTACT Check if same as owner

Billing Contact Name:		Phone Number:	
Contact Address:	City:	State:	Zip:
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.

For Each Body of Water: In addition to this application, applicant must submit the template submission package or plans for each body of water. 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.

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 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 this department, 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: _____