



County of San Diego

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



www.sdcdeh.org

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NORTH COUNTY
151 E.CARMEL ST
SAN MARCOS, CA 92078
(760) 471-0730

(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: _____
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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 _____
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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/TYPE: _____ CENSUS TRACT: _____

ASSIGNED TO: _____ ROUTE CODE: _____

PLAN STATUS: APPROVED DISAPPROVED RED TAG; PC INITIALS _____ REVIEW DATE _____

RECHECK STATUS: APPROVED DISAPPROVED RED TAG; PC INITIALS _____ RECHECK DATE _____

DATE APPROVED _____

COMPLETE PART III FOR EQUIPMENT CHANGES ONLY

PART III

POOL EQUIPMENT CHANGE CHECKLIST

Current Permit #:	Date Pool was Built:	
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), IAPMO, and ASTM as needed.		
POOL DIMENSIONS		
Surface area:	Rectangle or square: (length)_____ x (width)_____ = _____ sq. ft. Circle: 3.14 x (radius)_____ ² = _____ 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	
EQUIPMENT	Existing	New
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.