



## Recreational Health Plan Check Application Form

**Facility Type:**  Pool  Spa  Other (wading pool, spray ground): \_\_\_\_\_

**Scope of Work:**  New Construction  Remodel  Resurface (PC18)  Equipment Addition/Replacement (PC09)  
 Other: \_\_\_\_\_

**Square Footage:** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Current/Former Facility Name** (if any) \_\_\_\_\_

**Project Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contact Person** (Designer/Architect/Contractor) \_\_\_\_\_

**Business Name** (if any) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Owner/Permittee of Pool/Spa** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

By my signature below, I acknowledge that I am submitting this plan check application form pursuant to Health & Safety Code section 114380.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

**\*\* Office Use Only \*\***

**Comments -**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Owner ID** \_\_\_\_\_ **Facility ID** \_\_\_\_\_ **District Specialist Name** \_\_\_\_\_

**Program ID** \_\_\_\_\_  **Binder**  **Samples** **Status:**  **Finaled**  **Deleted**  **Expired**

**Received By** \_\_\_\_\_ **Account ID #** \_\_\_\_\_ **Invoice #** \_\_\_\_\_

**Assigned To** \_\_\_\_\_ **Check Number #** \_\_\_\_\_ **Amount Paid: \$** \_\_\_\_\_

**Plan Check SR #:** \_\_\_\_\_ **P/E Code(s):** \_\_\_\_\_ **Due Date:** \_\_\_\_\_