



Plan Check Service Request Form: Public Pool Construction

SR# _____

County of Orange Health Care Agency/Public Health/Environmental Health
 1241 E. Dyer Rd., Suite 120, Santa Ana, CA 92705
 Telephone: (714) 433-6074 / FAX: (714) 433-6424

Jobsite Information

Facility Name:	
Facility Street Address:	
City:	Pool Identifier: (For example "rear pool")
<input type="checkbox"/> New construction <input type="checkbox"/> Remodel	Type of pool: <input type="checkbox"/> SWIM <input type="checkbox"/> SPA <input type="checkbox"/> WADE <input type="checkbox"/> OTHER
Items submitted: <input type="checkbox"/> Plans <input type="checkbox"/> Finish samples <input type="checkbox"/> Spec Sheets <input type="checkbox"/> None—Replaster project	
Scope of Work/Extent of Remodel: <input type="checkbox"/> Replaster: Includes resurfacing, tiles inside shell, depth markers, skimmers (like for like), lights (like for like), handrails, equipment changes (like for like), coping <input type="checkbox"/> Decking <input type="checkbox"/> Fencing/gates <input type="checkbox"/> Restrooms/showers <input type="checkbox"/> Entire pump room change <input type="checkbox"/> Replumbing <input type="checkbox"/> Alter shell (for example. shallowing pool)	

Submitter/Requestor Information

Submitter:	Title:
Company:	
Company Address:	
City:	Zip:
Primary Contact Email:	Phone:

Owner/ Property Manager Information

Facility Owner:		
Owner Address:		
City:	State:	Zip:
Owner's Representative:	Title:	
Representative's Email:	Phone:	

- Each person and/or entity noted on this application has authority to manage the project, including requesting copies of plans and comment letters, receiving status updates, submitting changes, or cancelling the project.
- All County records are considered to be legal public records and, unless exempt under the California Public Records Act (Government Code Section 6250 et seq.), are subject to review or release to anyone who makes a request. Once plans are submitted to the County of Orange for review, all records submitted are deemed a public record.
- Refund policy: Refunds can be obtained only when requested prior to the initial review of the plan.
- **By completing and submitting this form, you acknowledge that you have read and understand the terms above.**

For Office Use Only

Date Received:	Received by:	Description:	Fee:	HSO#:
Payment Method	FA#	PR#	FPS Inspector:	
Date Assigned:	Assigned to:	FPS Supervisor		