



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
<http://ocfoodinfo.com/plancheck>

Plan Check Service Request Form: Public Swimming Pool New Construction/ Remodel**Jobsite Information**

Facility Name:		City:	
Facility Address:			Zip:
Scope of work: <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"/> Special Use <input type="checkbox"/> Interactive Spray Grounds	
Pool Identifier: (Example: North Pool or South Spa)		Volume:	
If remodel, check all that apply below: <input type="checkbox"/> Resurface (plaster/fiberglass) <input type="checkbox"/> Underground plumbing <input type="checkbox"/> Above ground equipment <input type="checkbox"/> Deck/Coping <input type="checkbox"/> Restrooms/Shower Finishes or Fixtures <input type="checkbox"/> Fence & Gate <input type="checkbox"/> Other _____			

Submitter/Requestor Information

Submitter:		Title:	
Company:			
Company Address:			
City:		State:	Zip:
Email:	Phone:	Fax:	

Owner/ Property Manager Information

Owner/ Company/ Property Manager Name:			
Representative's Name:		Title:	
Owner Address:			
City:		State:	Zip:
Email:	Phone:	Fax:	

For Office Use Only

Fee:	Date Received:	PC PE:
Payment Method:	Received By:	FPP PE:
Check #:	Date Assigned:	FA#:
HSO#:	Assigned To:	PR#:
Year Pool Built:	FPP Inspector:	FPP Supervisor: