

## Public Pool Plan Review Application

### Instructions

- Submit application attached with plans, and a deposit fee (fee based on cost of project) directly to: Imperial County Environmental Health Division, 1221 W. State St., Suite B, El Centro, CA 92243 (Monday-Friday, 8AM-12PM & 1PM-5PM, holidays excluded).
- A deposit is required at the time of application submittal. Account will be billed for time and materials invested during the plan review process.
  - \*\*Plans not be accepted without the full deposit amount.
  - \$500 deposit for projects costing less than \$5,000
  - \$1,000 deposit for projects costing between \$5,000-\$30,000
  - \$1,500 deposit for projects costing more than \$30,000
- If paying with check or money order, such must be payable to: **IMPERIAL COUNTY PUBLIC HEALTH-EHD**. Check must bear a name, address and phone number.
- Submit a minimum of 3 copies of pool construction plans attached to application.
- Assure plans are complete. Incomplete plans will delay the plan review application.
- Plans are reviewed in the order received; a status notification will be provided within 20 working days after submittal date.

### Pool Facility Information.

Date of submittal	Name of pool facility				
Pool physical address		City	Assessor's parcel number (APN)		
Name of owner	Owner's address	City	State	Zip Code	
Phone Number	Owner's contact e-mail address				

### Billing Information

Responsible billing party for plan review	Billing address	City	State	Zip Code
Name of contact person	Billing contact number (s)	Billing contact number (s)		
Fax Number	Billing contact e-mail address			

### Contractor Information

Pool contractor company name				
Pool contractor company address	City	State	Zip Code	Company phone number
Company phone number	Contractor License Number		Contractor License Type	
Contractor's contact person	Contact number	E-mail address		

Imperial County Public Health Department, Environmental Health Division  
 1221 W. State St., Suite B, El Centro CA 92243  
 Phone: (442) 265-1888 Fax: (442) 265-1903  
[www.icphd.org](http://www.icphd.org)

#### Office Use Only

Date:	Amt:	Pay Type:	Ref#:	File#:	Rcvd by:
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<b>Proposed Work</b>				
Provide number of pools: Swimming Pool _____ Wading Pool _____ Spa _____ Splash Pad _____ Specialty Pool _____				
Total cost of project: _____				
Description of proposed work:				

<b>Certification &amp; Agreement</b>	
I hereby certify under penalty of perjury the information supplied on this application is true and correct.	
<ul style="list-style-type: none"> <li>• I understand the permit issued subsequent to this application shall become void and the fee forfeited upon falsification of any portion of this application.</li> <li>• I am aware that, should a permit be granted, I will be responsible to know and observe all requirements that are currently enforced or may hereafter be put in force pertaining to the above named work.</li> <li>• I recognize that if my operation fails to meet applicable sanitation laws, regulations, and/or ordinances the Imperial County Environmental Health Division may suspend or revoke the permit and require closure of the pool site.</li> <li>• I understand the approval by the Imperial County Environmental Health Division does not imply any allowance to perform work without meeting the requirements of any other department or agency having jurisdiction.</li> <li>• I hereby consent to all inspections pertaining to the issuance of the permit and the operation described in this application.</li> <li>• I understand that the Imperial County Public Health must be notified of all proposed changes in operation.</li> <li>• I am aware the pool may not operate until a operating Public Pool Permit has been issued.</li> </ul>	
Signature of applicant _____	Date _____
Printed name _____	Title _____

<b>Office Use Only</b>	
District # _____	Plan file # _____
Plans assigned to _____	Approval date _____

<b>Notes/Comments</b>

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## Pool/Spa Construction Information

### Complete One Form Per Pool/Spa

<b>Proposed Work</b>	
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa <input type="checkbox"/> Spray Ground <input type="checkbox"/> Specialty Pool	
<input type="checkbox"/> New construction <input type="checkbox"/> Resurface/renovation <input type="checkbox"/> Equipment change <input type="checkbox"/> Re-plumbing <input type="checkbox"/> Drain cover <input type="checkbox"/> Drain split <input type="checkbox"/> Other _____	

<b>Pool Specifications</b>	
<b>Surface Area</b>	Rectangle or square: (length) _____ x (width) _____ = _____ sq. ft. Circle: 3.14 x (radius) _____ <sup>2</sup> = _____ sq. ft. Kidney: [(small width) _____ + (large width) _____] / 2 x (length) _____ x .45 = _____ sq. ft.
<b>Volume</b>	(surface area) _____ x (av. depth) _____ x 7.48gal./cu.ft. = _____ gallons
<b>Turnover Rate</b>	Year pool built _____ Pool: (gallons) / 360 minutes = _____ gpm    Spray ground/30minutes = _____ gpm Spa: (gallons) / 30 minutes = _____ gpm Wading pool: (gallons) / 60min. = _____ gpm
Grates/drain covers manufacturer _____ Model _____	
GPM rating: Floor _____ Wall _____	
Skimmer equalizer cover manufacturer _____ Model _____	
GPM rating: _____ <input type="checkbox"/> Installed on wall <input type="checkbox"/> Other location _____	

Equipment	Existing	New
<b>Filter</b>	<b>Make and Model</b>	
	<b>Type</b>	
<b>Circulation</b>	<b>Make and Model</b>	
<b>Pump</b>	<b>Horse Power</b>	
<b>Jet Pump</b>	<b>Make and Model</b>	
	<b>Horse Power</b>	
<b>Disinfectant</b>	<b>Make and Model</b>	
	<b>Type</b>	
<b>Pipe Size</b>	Suction      Return	Suction      Return
<b>Flow Meter</b>	<b>Make and Model</b>	
<b>Heater</b>	<b>Make and Model</b>	
	<b>BTUs</b>	
	<b>Other</b>	
	<b>Other</b>	