

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

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

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

Office Use Only

Date: _____	Amt: _____	Pay Type: _____	Ref#: _____	File#: _____	Rcvd by: _____
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Proposed Work

Provide number of pools: Swimming Pool _____ Wading Pool _____ Spa _____ Splash Pad _____ Specialty Pool _____

Total cost of project: _____

Description of proposed work:

Certification & Agreement

I hereby certify under penalty of perjury the information supplied on this application is true and correct.

- I understand the permit issued subsequent to this application shall become void and the fee forfeited upon falsification of any portion of this application.
- 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.
- 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.
- 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.
- I hereby consent to all inspections pertaining to the issuance of the permit and the operation described in this application.
- I understand that the Imperial County Public Health must be notified of all proposed changes in operation.
- I am aware the pool may not operate until a operating Public Pool Permit has been issued.

Signature of applicant _____ Date _____

Printed name _____ Title _____

Office Use Only

District # _____ Plan file # _____

Plans assigned to _____ Approval date _____

Notes/Comments

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Complete One Form Per Pool/Spa

Proposed Work	
<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 _____	

Pool Specifications	
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	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
Filter	Make and Model	
	Type	
Circulation	Make and Model	
Pump	Horse Power	
Jet Pump	Make and Model	
	Horse Power	
Disinfectant	Make and Model	
	Type	
Pipe Size	Suction Return	Suction Return
Flow Meter	Make and Model	
Heater	Make and Model	
	BTUs	
	Other	
	Other	