



**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH – RECREATIONAL WATERS PROGRAM
 5050 Commerce Drive, Baldwin Park, CA 91706 (626) 430-5360**



POOL PLAN APPROVAL APPLICATION

INSTRUCTIONS FOR SUBMITTING POOL PLANS

- Plans are approved in the order they are received. Missing information or improperly prepared plans will delay the plan approval process.
- Fill in all appropriate blanks on the application.
- **All existing pools will be checked to see that they have approved drain covers complying with ANSI A112.19.8. Therefore, if this is an existing pool, be sure to fill in all information asked for below.**
- Your plans will not be reviewed or approved until a fee is paid.
- Make check or money order payable to: **LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH**. Check and money orders must be made out for the exact amount of the fee.
- Personal checks must bear a name, address and phone number.
- This fee is not refundable nor is the application transferable.
- Submit a minimum of 3 copies of plans for new construction and 1 copy for renovations / equipment changes. Our department will retain one copy.
- You will be contacted when your plans are ready. Renovation / equip. change plans that are mailed-in will be mailed back to you.
- Attach this application to your plans.
- The plan check fee includes an initial review, a second review if necessary, and all field construction inspections. A third review will incur additional fees at an hourly rate.

Date		Job Address	
Job City		Job Zip	Job APN (Accessor Parcel Number if known)
Pool Contractor Company Name		Pool Contractor Name	
Pool Contractor Address		Contractor City	Contractor Zip
Contractor Phone	Contractor Cell Phone		Contractor Fax
Contractor License Name		Contractor License Number	Contractor License Type
Site Owner		Owner Address	
Owner City	Owner Zip	Owner Phone	

Approval Type : New Resurface/Renov. Equip. Change Re-plumb Drain Cover Drain split Other _____

Number of Swimming Pools _____ Spas _____ Other Pools _____ No. of Plans Submitted _____ **Total Fee \$** _____

IF THIS IS AN EXISTING POOL, FILL IN ALL OF THE FOLLOWING INFORMATION (unless on plans):

Size of pool(s) _____ Gallons _____ Year pool built _____ Drains split? yes No

Existing pump model / hp _____ Suction line size _____ Return line size _____ PVC Copper

If spa, booster pump model / hp _____ Suction size _____ Return size _____ PVC Copper

Grates / drain covers make / model _____

What is being done / changed _____

FOR OFFICE USE ONLY

Date	Amount Paid	Receipt Number	Check Number
Plans to		Plans accepted by	Plan Check Number