

ENVIRONMENTAL HEALTH BUREAU CONSUMER HEALTH PROTECTION SERVICES

1270 Natividad Road • Salinas, CA 93906 (831) 755-4505 • Fax: (831) 755-4880

Website: www.mtyhd.org/CH

Pool/Spa Plan Check Application Form

Facility Type: ☐ Pool ☐ Spa ☐ Wading Pool ☐ S*A separate application is required for	•	
Scope of Work: ☐ New ☐ Resurface ☐ Drain Co ☐ Other	over □ AB1020 (\	VGB) ☐ Equipment Change ☐ Re-plumb
Description of what is being done / changed:		
Facility Information:		
Facility Name:		
Address:		Suite #:
Cross Street:		
City:	Zip:	Phone #:
Facility Owner:		
Billing Address:		
City:State:	Zip:	Fax #:
E-mail Address:		_
Project Contact Person:		
Business Name:		
Address:		
City:State:		
E-mail Address:		
California Contractor/License # and Type:		
MONTEREY COL	INTY OFFICE US	E ONLY
SR00 AR:	Receiv	/ed by:
Date Paid: IN:	Check #:	Amount Paid: \$
Review Completed on:	(Date) By:	
☐ Approved ☐ Rejected ☐ Revis	ion Requested	
Comments:		

POOL/SPA PLAN SUBMITTAL CHECKLIST

lease in	nclude this completed checklist with your plan submittal.
	Requirements
	Plan Check application along with the Plan Check fee. See fee schedule.
	Completed Pool and Spa Calculations Form.
	The scope of work being proposed.
	The name, license number, and license classification of the contractor who will complete the scope of work.
	Two sets of drawings of each existing body of water showing all existing components relating to pool/spa suction including but not limited to:
	Main drain/jet suction outlets; Skimmers; Equalizer line suction outlets; Vacuum ports; Suction line
	valves; Suction line connections to each pump;
	Any other components that will be impacted by this project. (see example below)
	List of all pool/spa pumps indicating type (filtration, booster/jet, etc.); make & model number; horsepower; and maximum capacity (GPM) based on manufacturer's performance curve at 60 feet of head for filtration pump and 40 feet of head for booster/jet pump.
	Vicinity map showing the location of the pool and the pump room.
	Manufacturer's name and model number for all proposed suction outlet covers. IF THIS IS AN EXISITNG POOL, ALL OF THE FOLLOWING INFORMATION IS REQUIRED
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Please check our website www.mtyhd.org/CH for additional information or call our office at (831) 755-4505.

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