



**ENVIRONMENTAL HEALTH DIVISION**

2120 DIAMOND BOULEVARD, SUITE 100  
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[www.cchealth.org/eh](http://www.cchealth.org/eh)  
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**POOL / SPA PLAN REVIEW NEW CONSTRUCTION / REMODEL APPLICATION**

FACILITY PLAN INFORMATION							
Business Name:				<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Former Business Name: _____			
Address:			Suite / Unit / Space #:		City, State, Zip Code:		
<input type="checkbox"/> New Construction		<input type="checkbox"/> Year Round		Scope of Work:			
<input type="checkbox"/> Remodel		<input type="checkbox"/> Seasonal					
<input type="checkbox"/> Pool <small>(swimming, diving, wader, interactive, therapy, etc.)</small>		<input type="checkbox"/> Additional Pool / Spa <small>(same location and deck)</small>					
<input type="checkbox"/> Spa		<input type="checkbox"/> Spray Ground					
Type of Pool Facility:		<input type="checkbox"/> Apartment / Condos		<input type="checkbox"/> Recreational / Community / Municipal		<input type="checkbox"/> School	
		<input type="checkbox"/> Recreational Water Park		<input type="checkbox"/> Hotel / Motel / Resort		<input type="checkbox"/> Health Club / Gym	
Equipment or Finish Change: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> Minor Remodel		<input type="checkbox"/> Major Remodel		
<input type="checkbox"/> Municipal Water		<input type="checkbox"/> On-Site Water		<input type="checkbox"/> Sanitary Sewer		<input type="checkbox"/> On-Site WasteWater Treatment System	
Scope of work: (Check all that apply)		<input type="checkbox"/> Deck		<input type="checkbox"/> Bathhouse: (restrooms, showers, dressing rooms)			
<input type="checkbox"/> Re-plaster: (tile/coping/ladder/steps)		<input type="checkbox"/> Fence / Wall / Gate		<input type="checkbox"/> Pump: <input type="checkbox"/> Recirculating <input type="checkbox"/> Booster			
<input type="checkbox"/> Split Main Drains / Equalizer lines		<input type="checkbox"/> Hand / Grab Rails		<input type="checkbox"/> Filters: <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/> Sand			
<input type="checkbox"/> Drain Covers		<input type="checkbox"/> Steps		<input type="checkbox"/> Chemical Controller / Feeder			
PERSON / ORGANIZATION REQUESTING PLAN REVIEW							
Applicant/Contact Person: Last Name, First Name				Title:			
Company:				Phone Number:			
Mailing Address:				City, State, Zip Code:			
E-mail(s):							
Signature of Applicant/Contact Person:				Date:			
BUSINESS OWNER / HOA / PROPERTY MGMT INFORMATION							
Name(s):				Contact Name(s):			
Mailing Address:				City, State, Zip Code:			
Billing Address (if different from mailing address):				City, State, Zip Code:			
Phone Number:		E-mail(s):					
FOR OFFICE USE ONLY							
AR#:	SR#:	FA#:	PR#:	Dist. Insp.#:	CT#:	Date Rec'd:	Rec'd By:
Amount Due: \$		Method of Payment: Check #: _____ Cash / Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA					XR

PLAN REVIEW FEES WILL BE CHARGED AT A FLAT RATE  
 TIME SPENT ON A PROJECT IN EXCESS OF THE MAXIMUM HOURS ALLOTTED WILL BE BILLED AT THE CURRENT HOURLY RATE OF \$199.00  
 CONSTRUCTION / REMODEL IS NOT TO COMMENCE UNTIL PLANS ARE APPROVED AND BUILDING PERMITS ARE OBTAINED