



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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PLAN CHECK APPLICATION FOR POOL/SPA FACILITY

SCOPE OF WORK: NEW CONSTRUCTION [] REMODEL []
MAJOR [] MINOR []

[] POOL: NUMBER [] SPA: NUMBER

IF OUTSIDE CITY LIMITS:

SOURCE OF WATER: [] WELL [] WATER COMPANY NAME

WASTE WATER DISPOSAL: [] SEPTIC TANK [] SEWER SYSTEM

APPROXIMATE COMPLETION DATE (PENDING APPROVAL OF PLANS*)

INCLUDED WITH APPLICATION:

[] ONE SET OF COMPLETE, EASILY READABLE PLANS DRAWN TO SCALE (MINIMUM OF 1/4" PER FOOT).
TWO ADDITIONAL SETS WILL BE REQUIRED PRIOR TO FINAL PLAN APPROVAL.

PLEASE NOTE:

- ADDITIONAL PERMITS (FOR EXAMPLE- ELECTRICAL INSTALLATION, LAND USE CLEARANCE, GRADING) MAY ALSO BE REQUIRED FROM OTHER AGENCIES.
ALLOW 20 WORKING DAYS FOR THE INITIAL PLAN REVIEW

*CONSTRUCTION MAY NOT BEGIN UNTIL PLANS ARE APPROVED IN WRITING BY THIS DEPARTMENT

*HEALTH DEPARTMENT APPROVAL EXPIRES IN ONE YEAR IF CONSTRUCTION HAS NOT BEGUN BY THAT TIME

BUSINESS AND OWNER INFORMATION

BUSINESS NAME (DBA)

PRIOR BUSINESS NAME (IF APPLICABLE)

BUSINESS SITE ADDRESS

OWNER(S) NAME

OWNER MAILING ADDRESS

OWNER EMAIL ADDRESS

OWNER TELEPHONE NUMBER

NAME OF CONTRACTOR/ CONTACT PERSON

CONTRACTOR MAILING ADDRESS

CONTRACTOR EMAIL ADDRESS

TELEPHONE NUMBER OF CONTRACTOR/ CONTACT PERSON

FOR OFFICE USE ONLY

DATE RECEIVED RECEIVED BY ASSIGNED TO ENTERED BY ENTERED DATE

PE# AMOUNT DUE AMOUNT PAID CHECK OR CC AUTH # CASH []

[] NONPROFIT: TAX ID # [] VETERAN EXEMPT DD214 ATTACHED [] YES [] NO

PR# SR# FA# INVOICE NUMBER

INSPECTOR APPROVED DATE