



**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

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 30 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 _____