



**SAN MATEO COUNTY HEALTH SYSTEM  
 ENVIRONMENTAL HEALTH SERVICES DIVISION  
 2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403  
 (650) 372-6200 ♦ www.smhealth.org/enviro  
**POOL PLAN SUBMITTAL APPLICATION****

- |  |
|--|
| <b>ESTABLISHMENT TYPE:</b><br>(Check all that apply)<br><input type="checkbox"/> BAR/RESTAURANT<br><input type="checkbox"/> BED/ BREAKFAST<br><input type="checkbox"/> HOTEL/ MOTEL<br><input type="checkbox"/> POOL/ SPA<br><input type="checkbox"/> RETAIL FOOD<br><input type="checkbox"/> OTHER FOOD |
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**Please check all boxes that apply for each individual Pool(s)/Spa(s) being submitted.**

**NEW - PLAN REVIEW**

- FIRST POOL//SPA (P.E. 3623)  
 ADD'L POOL/SPA (P.E. 3624)  
 # of Pool(s)/Spa(s) \_\_\_\_\_

**REMODEL - PLAN REVIEW**

- MAJOR POOL -FIRST POOL/SPA (P.E. 3697)  
 MAJOR POOL REMODEL -ADD'L (P.E. 3695) # of Pool(s)/Spa(s) \_\_\_\_\_  
 MINOR REMODEL -FIRST POOL/SPA (P.E. 3698)  
 MINOR REMODEL -ADD'L POOL/SPA (P.E. 3696) # of Pool(s)/Spa(s) \_\_\_\_\_  
 **VIRGINIA GRAEME BAKER ACT – select MINOR REMODEL**

**FACILITY INFORMATION:**

Name of Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Location/Description of Pool(s)/Spa(s): \_\_\_\_\_  
 RECORD ID \_\_\_\_\_ (For Office Use Only)

**OWNER INFORMATION:**

**CONTRACTOR/ARCHITECT INFORMATION:**

Name: _____	Company: _____
Contact Person: _____	Contact Person: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone #: _____ Alt. # _____	Phone #: _____ Alt. # _____
E-mail address: _____	E-mail address: _____

**RESPONSIBLE PARTY FOR PLAN CHECK BILL:**

- OWNER       CONTRACTOR/ARCHITECT       OTHER: (PLEASE SPECIFY BELOW)

**Pool Plan submittal requirements:**

- |  |  |
|--|--|
| <input type="checkbox"/> Pool Plan Submittal Application             | <input type="checkbox"/> Scope of Work for Minor Remodel     |
| <input type="checkbox"/> Three (3) Sets of Plans (New/Major Remodel) | <input type="checkbox"/> One (1) Set of Specification Sheets |

This department will retain one copy and two will be returned to the applicant. The applicant must then submit the approved plans to the local city building department.

**Fees:**

Environmental Health Plan Check Specialist will notify applicant when plans are ready for pickup. Plan check fees **must** be paid upon pickup of plans.

*I/We certify that the above information is true and correct. Upon signing this document, I/We acknowledge I am/we are responsible for all plan check fees.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SAN MATEO COUNTY ENVIRONMENTAL HEALTH  
CREDIT CARD AUTHORIZATION**

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

PARCEL # (Septic & Wells) \_\_\_\_\_

**ENVIRONMENTAL HEALTH ACCT. INFORMATION:**

ENVIRONMENTAL HEALTH INVOICE #: \_\_\_\_\_

INVOICE AMOUNT or AMOUNT AUTHORIZED FOR PAYMENT: \$ \_\_\_\_\_

**CREDIT CARD INFORMATION:**

**VISA**

**MASTERCARD**

CREDIT CARD#: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CARD HOLDERS NAME: \_\_\_\_\_

CARD HOLDERS **BILLING ZIP CODE** \_\_\_\_\_

**RECEIPT**

MAIL RECEIPT: \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL **Email Address** \_\_\_\_\_

SEND RECEIPT TO: ( IF DIFFERENT FROM BILLING ) \_\_\_\_\_

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I hereby authorize San Mateo County Environmental Health Division or Revenue Services Division to use my credit card account for outstanding balances made against my account.

SIGNATURE: OVER THE PHONE \_\_\_\_\_

DATE: \_\_\_\_\_

ENVIRONMENTAL HEALTH STAFF INITIALS: \_\_\_\_\_

# POOL PROGRAM

## 2011 Program Element Fee Schedule

**Note: Plans will not be reviewed without full payment**

### **Plan Submittal Fees – New Construction**

PE 3623 -	Plan Review: One Pool/Spa	\$1,153.00
PE 3624 -	Plan Review: Each additional Pool/Spa	\$ 864.00
PE 3633 -	Plan Review: One Pool/Spa w Auxillary Areas (Restrooms>Showers>Clubhouse)	\$1,728.00

### **Remodel Fees**

#### **Major: (Decks/Shell/Piping)**

PE 3697 -	Major: Pool/Spa	\$ 791.00
PE 3695 -	Major: Additional Pool/Spa	\$ 593.00

#### **Minor: (VGB Projects/Plastering/Equipment Replacement)**

PE 3698 -	Minor: Pool/Spa	\$ 212.00
PE 3696 -	Minor: Additional Pool/Spa	\$ 159.00

#### **Hourly Rate: (Additional Inspections)**

PE 3699 -	Pool Services per hour rate	\$ 153.00
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#### **Annual Operating fees: (Annual Billing)**

PE 3621 -	First Pool/ Hot Tub/Spa	\$ 423.00
PE 3622 -	Add'l Pool/Tub/Spa	\$ 214.00