



San Mateo County Health Department
 Environmental Health Services Division
 2000 Alameda de las Pulgas, Suite 100
 San Mateo, Ca. 94403 www.smhealth.org/environ
 (650) 372-6200 fax (650) 627-8244

RECORD ID
 for office use only

POOL PLAN SUBMITTAL APPLICATION

<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL
-------------------------------------	---

- | | |
|--|---|
| <input type="checkbox"/> FIRST POOL/SPA (PE 3623)
<input type="checkbox"/> ADDITIONAL POOL/SPA (PE 3624)
<input type="checkbox"/> number of pool(s) _____
<input type="checkbox"/> number of spa(s) _____ | <input type="checkbox"/> MAJOR POOL-FIRST POOL/SPA (PE 3697)
<input type="checkbox"/> MAJOR POOL REMODEL-ADD'L (PE 3695) no. of pool(s) _____ no. of spa(s) _____
<input type="checkbox"/> MINOR POOL-FIRST POOL/SPA (PE 3698)
<input type="checkbox"/> MINOR POOL-ADD'L (PE 3696) no. of pool(s) _____ no. of spa(s) _____
<input type="checkbox"/> VIRGINIA GRAEME BAKER ACT-<i>select</i> MINOR REMODEL |
|--|---|

FACILITY INFORMATION:

Name of Facility: _____ Phone Number: _____
 Facility Address: _____ City/ST/Zip: _____
 Location/Description of Pool(s)/Spa(s) _____

OWNER INFORMATION:	CONTRACTOR/ARCHITECT INFORMATION:
---------------------------	--

Name: _____ Contact Person: _____ Mailing Address: _____ City/ST/Zip: _____ Email Address: _____ Phone #: _____ Alt. # _____	Company: _____ Contact Person: _____ Mailing Address: _____ City/ST/Zip: _____ Email Address: _____ Phone #: _____ Alt. # _____
---	--

RESPONSIBLE PARTY FOR PLAN CHECK FEES:

- OWNER #1
 CONTRACTOR/ARCHITECT
 other-please specify _____

Plan Check Requirements: The 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.

- | | |
|--|--|
| <input type="checkbox"/> Pool Plan Submittal Application
<input type="checkbox"/> Three (3) sets of plans | <input type="checkbox"/> Scope of work for minor remodel
<input type="checkbox"/> One (1) set of specification sheets |
|--|--|

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

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

Print Name _____ Signature _____ Date _____

Please submit original application with your plans. Keep a copy for your records.

2016 POOL PROGRAM FEE SCHEDULE

Plans will not be reviewed without full payment

New Construction

PE 3623	Plan Review: Pool/Spa	\$ 1257.00
PE 3624	Plan Review: Each additional Pool/Spa	\$ 942.00
PE 3633	Plan Review: Pool/Spa w Auxiliary Areas (Restrooms>Showers>Clubhouse)	\$ 1884.00

Remodel Fees

Major: Decks/Shell/Piping

PE 3697	Pool/Spa	\$ 862.00
PE 3695	Each Additional Pool/Spa	\$ 646.00

Minor: VGB Projects/Plastering/Equipment Replacement

PE 3698	Pool/Spa	\$ 231.00
PE 3696	Each Additional Pool/Spa	\$ 173.00

Hourly Rate: Additional Inspection(s)

PE 3699	Pool Services per hour rate	\$ 167.00
---------	-----------------------------	-----------

Annual Operating Fees: Annual Billing

PE 3621	First Pool/Spa	\$ 461.00
PE 3622	Each Additional Pool/Spa	\$ 233.00