



## RECREATIONAL HEALTH PROGRAM APPLICATION

### SERVICE REQUESTED

SR \_\_\_\_\_ / \_\_\_\_\_

- New Business    
  Change of Ownership    
  Change of Business Name/Management Company  
 Plan Review    
  other: please specify \_\_\_\_\_    
 Opening date \_\_\_\_\_

### TYPE OF FACILITY:

- APTS/HOA/HOTEL, ETC.   
  SCHOOL   
  HEALTH CLUB   
  COMMUNITY CENTER   
  SWIM SCHOOL  
 other: please specify \_\_\_\_\_
- How many pools \_\_\_\_\_ How many spas \_\_\_\_\_  
 first pool/spa (PE 3621)  
 additional pool/spa (PE 3622) How many \_\_\_\_\_

### FACILITY OWNER INFORMATION:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alt. # \_\_\_\_\_  
 Email Address-REQUIRED \_\_\_\_\_

### AUTHORIZED REPRESENTATIVE- SELECT ONE

- ARCHITECT   
  CONTRACTOR   
  MANAGEMENT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alt. # \_\_\_\_\_  
 Email Address-REQUIRED \_\_\_\_\_

### FACILITY INFORMATION:

Facility Name: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

### SEND ANNUAL PERMIT INVOICE TO:

- Owner Address   
  Management Address  
 Facility Address   
  \*other-please specify below  
 \* \_\_\_\_\_  
 Business Email address: \_\_\_\_\_

### PLAN REVIEW REQUESTOR INFORMATION:

**\*Submit 3 sets of plans, 1 set of equipment specifications and plan review fee.**

- NEW CONSTRUCTION PE 3623/3624/3633   
  POOL(S) \_\_\_\_\_   
  SPA(S) \_\_\_\_\_   
  SPECIAL USE POOL \_\_\_\_\_  
 SPRAY PARK \_\_\_\_\_   
  WADING POOL \_\_\_\_\_   
  SHOWER & RESTROOM \_\_\_\_\_  
**PLANS ARE REVIEWED WITHIN 30 BUSINESS DAYS**    
**PROJECT START DATE:** \_\_\_\_\_

- REMODEL**   
 MAJOR check all that apply PE 3697/3695   
 DECK   
 PIPING   
 SHELL (PLASTER/FIBERGLASS)  
 OTHER \_\_\_\_\_

- MINOR check all that apply PE 3698/3696   
 EQUIPMENT REPLACEMENT   
 GATE/FENCE   
 DEMOLITION  
 VGB (AB 1020 form required)   
 OTHER \_\_\_\_\_

**PLANS ARE REVIEWED WITHIN 30 BUSINESS DAYS**

- EXPEDITE SERVICE (additional fees apply)

By signing below, the owner or authorized representative agrees to operate in accordance with all applicable state and local regulations, laws, and procedures needed to ensure compliance. Notify Environmental Health in writing if facility closes or change of ownership occurs. POOL PERMITS ARE NON-TRANSFERABLE AND NON REFUNDABLE. For plan review applications, the owner information will be used for the pool permit issuance unless our office is notified with updated information.

**Print Owner/Representative:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_