



COUNTY OF SAN MATEO HEALTH SYSTEM

Environmental Health Services Division
2000 Alameda de las Pulgas #100
San Mateo, CA 94403
(650) 372-6200 FAX (650) 627-8244
www.smchealth.org/pools

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:

- PE 3611** POOL >25 APT/HOA UNITS POOL <25 APT/HOA UNITS SPA HEALTH CLUB
 SWIM SCHOOL other: please specify _____
- PE 3622** check if there is an additional pool/spa
How many _____

OWNER INFORMATION:

Name: _____
Address: _____
City/St/Zip: _____
Phone #: _____ Alt. # _____
Email Address: _____

MANAGEMENT/ARCHITECT INFORMATION:

Name: _____
Address: _____
City/St/Zip: _____
Phone #: _____ Alt. # _____
Email Address: _____

BUSINESS INFORMATION:

Business Name: _____
Facility Address: _____
City/St/Zip: _____
Phone Number: _____

SEND ANNUAL PERMIT INVOICE TO:

Owner Address Management Address
 Business 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.**

<input type="checkbox"/> NEW CONSTRUCTION PE 3623/3624/3633	<input type="checkbox"/> POOL(S) _____	<input type="checkbox"/> SPA(S) _____	<input type="checkbox"/> SPECIAL USE POOL _____
	<input type="checkbox"/> SPRAY PARK _____	<input type="checkbox"/> WADING POOL _____	
<input type="checkbox"/> MAJOR REMODEL check all that apply PE 3697/3695	<input type="checkbox"/> DECK	<input type="checkbox"/> PIPING	<input type="checkbox"/> SHELL (PLASTER/FIBERGLASS)
	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> MINOR REMODEL check all that apply PE 3698/3696	<input type="checkbox"/> EQUIPMENT REPLACEMENT	<input type="checkbox"/> GATE/FENCE	<input type="checkbox"/> DEMOLITION
	<input type="checkbox"/> VGB (AB 1020 form required)	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> 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. 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 _____