



SAN MATEO COUNTY HEALTH

ENVIRONMENTAL HEALTH SERVICES

Environmental Health Services

Recreational Health Program

2000 Alameda de las Pulgas, Suite #100

San Mateo, CA 94403

Phone: (650) 372-6200 | Fax: (650) 627-8244

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:

- ☐ 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 ☐ POOL(S) _____ ☐ SPA(S) _____ ☐ SPECIAL USE POOL _____
PE 3623/3624/3633

☐ SPRAY PARK _____ ☐ WADING POOL _____

PLANS ARE REVIEWED WITHIN 30 BUSINESS DAYS

PROJECT START DATE: _____

REMODEL ☐ MAJOR check all that apply ☐ DECK ☐ PIPING ☐ SHELL (PLASTER/FIBERGLASS)
PE 3697/3695 ☐ OTHER _____

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

PLANS ARE REVIEWED WITHIN 30 BUSINESS DAYS

PROJECT START DATE: _____

☐ 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 _____