



COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH – RECREATIONAL WATERS PROGRAM
5050 Commerce Drive, Baldwin Park, CA 91706 (626) 430-5360



POOL PLAN APPROVAL APPLICATION

INSTRUCTIONS FOR SUBMITTING POOL PLANS

- **Plans must be submitted with the application for any type of project.** Submissions without plans will be returned. See Plan Check Requirements for guidance at: <http://publichealth.lacounty.gov/eh/AreasofInterest/recreationalwater.htm>
- Fill out a separate application for each pool, spa pool, wading pool, spray ground or other pool.
- Plans are reviewed in the order they are received. Your plans will not be reviewed or approved until the fee is paid.
- Expedited plans are billed at 150% of the non-expedited fee and can only be reviewed on overtime.
- Make checks or money orders payable to: **LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH**. Personal checks must include name, address and phone number. Second party checks will not be accepted. Checks and money orders must be made out for the exact amount of the fee.
- It is advisable to send one check per application.
- The fee is not refundable.
- The application is not transferable.
- The plan check fee includes an initial review, a second review if necessary, and all field construction inspections. A third review will incur additional fees at the hourly rate.
- Fill in all blanks on the application. Missing information or improperly prepared plans will delay the plan approval process.
- All existing pools will be reviewed for approved drain covers complying with ANSI / APSP-16 or latest version. Therefore, if this is an existing pool, be sure to fill in all required information.
- Submit a map of the location of the pool(s) to include the shape of the pool(s) and nearby streets. Indicate clearly which pool corresponds to the submitted application.
- Submit a minimum of 3 copies of plans for new construction and 1 copy for renovations and/or other changes. Our department will retain one copy.
- Attach this application to your plans. Mail your application and fee to: **RECREATIONAL WATERS PROGRAM, 5050 Commerce Drive, Baldwin Park, CA 91706**.
- Unless other arrangements are made, completed plans will be mailed back to you.



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Date	Job Address and Name of Facility (Tax assessor's legal address of business)		
Job City	Job Zip	Job APN (REQUIRED FOR NEW POOLS)	
Pool Contractor's Company Name		Pool Contractor's Name	
Pool Contractor's Address		Contractor's City	Contractor's Zip
Contractor's Business Phone	Contractor's Cell Phone	Contractor's Fax	
Name of Contractor on License		Contractor's License Number	Contractor's License Type
Site Owner	Owner's Address		
Owner's City	Owner's Zip	Owner's Phone	

Approval Type: New Resurface Equip. Change Re-plumb Drain Cover Drain split Other _____

Type of pool: Swimming Pool Spa Wading Pool Spray Ground (Interactive water feature) other pool _____

Apartment Building or Condo? Yes No **Number of units** _____

No. of Plans Submitted _____ **Total Fee \$** _____

IF THIS IS AN EXISTING POOL, ALL OF THE FOLLOWING INFORMATION IS REQUIRED

Dimensions of pool _____ Gallons _____ Year pool built _____ Drains split? Yes No

Existing pump model / hp _____ Suction line size _____ Return line size _____ PVC Copper

If spa, booster pump model / hp _____ Suction size _____ Return size _____ PVC Copper

Grates / drain covers make / model _____

What is being done / changed _____

FOR OFFICE USE ONLY

Date	Amount Paid	Invoice Number	Check Number
Plans to	Plans accepted by	Plan Check Number	Service Request Number