



Division of Environmental Health

100 H Street - Suite 100 - Eureka, CA 95501
 Phone: 707-445-6215 - Toll Free: 800-963-9241
 Fax: 707-441-5699
 envhealth@co.humboldt.ca.us

POOL PLAN CHECK APPLICATION

ALL ITEMS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Application Information

1. A Plan Check fee is due with this submittal, covering the first 3 hours of staff time. Staff time in excess of 3 hours will be billed with the plan approval. Pool or spa may not open without prior written authorization from the Division of Environmental Health.
2. One complete copy of the plans is required, including manufacturer specification sheets for equipment.

FACILITY INFORMATION

Name of Facility:	
Address: Street	City & Zip

OWNER INFORMATION

Name of Owner/Operator:	
Address: Street	City & Zip
E-mail:	Phone:

APPLICANT INFORMATION

Applicant Name:	
Relation to Project: (architect, contractor, etc.)	
Phone:	Cell:

CONTRACT INFORMATION

General Contractor:	License:
E-mail:	Phone:
Plumbing Contractor:	
E-mail:	Phone:

If paid by Credit Card*: Date and amount paid

Confirmation #:

**Please fill out the information requested above if paid by credit card and attach a copy of the confirmation sheet with this application.

* FOR OFFICE USE ONLY *		
Amount Paid: <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #: _____	Receipt number:	OA Initials and date entered:
Invoice number:	Service Request #:	FA#:
Response due by:		Approved Code: <input type="checkbox"/> PE3601 <input type="checkbox"/> PE3602
Approving REHS/EHS Signature:		Signature Date: