



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://www.publichealth.lacounty.gov/eh/inspection/pool-plan-check.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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**POOL PLAN APPROVAL APPLICATION**

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	Pool Contractor's Business/Cell Phone	Pool Contractor's Email or Fax	
Consultant's Name	Consultant's Business/Cell Phone	Consultant's Email or Fax	
Name on California Contractor, Architect or Engineer Professional License & Phone #	License Number	License Type	
Site Owner's Name	Owner's Address		
Owner's City	Owner's Zip	Owner's Phone	

**Approval Type:**  New  Resurface  Equip. Change  Re-plumb  Drain Cover  VGB  Other \_\_\_\_\_

**Type of pool:**  Swimming Pool  Spa  Wading Pool  Spray Ground (Interactive water feature)  Other Pool \_\_\_\_\_

**\*A separate application is required for each body of water.**

**Apartment Building, Condo or Hotel?**  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 \_\_\_\_\_ VGB Compliant? 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