MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

260 E. 15th Street, Merced, CA 95341
(209) 381-1100 Fax (209) 384-1593

APPLICATION FOR SWIMMING POOL PLAN REVIEW

Provide all information requested. Incomplete applications may delay approval.

A. NAME OF FACILITY _____

STREET ADDRESS _____

CITY, ZIP: _____

TELEPHONE NUMBER: _____

B. NAME OF BUSINESS OWNER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

C. NAME OF PROPERTY OWNER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

D. CONTRACTOR INFORMATION: _____

NAME OF GENERAL CONTRACTOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON ON SITE: _____

SITE PHONE NUMBER: _____

E. POOL CONTRACTOR INFORMATION: (IF DIFFERENT FROM ABOVE)

NAME OF CONTRACTOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON ON SITE: _____

SITE PHONE NUMBER: _____

OFFICE USE ONLY

RECEIVED DATE: _____

PLAN FEE: _____

FACILITY ID #: _____

PROGRAM ID #: _____

F. SUBMITTAL OF COMPLETE PLANS AND SPECIFICATIONS: (1 SET)

PLANS PREPARED BY: _____

ADDRESS OF PREPARER: _____

TELEPHONE NUMBER: _____

G. UTILITIES:

SOURCE OF FACILITY WATER SUPPLY: _____

SYSTEM TO BE USED FOR WASTE WATER: _____

H. FEE SCHEDULE:

$622.00 BASIC FEE (3 HOURS MINIMUM) FOR PLAN REVIEW & INSPECTIONS. ANY EXCESS TIME WILL BE BILLED AT $115.00 PER HOUR AND MUST BE PAID PRIOR TO ISSUANCE OF A PERMIT TO OPERATE.

NOTE: WITHIN 30 DAYS OF THE RECEIPT OF COMPLETE PLANS AND SPECIFICATIONS, THIS DIVISION WILL NOTIFY THE PERSON SUBMITTING THE PLANS WHETHER OR NOT THE PLANS AND SPECIFICATIONS HAVE BEEN APPROVED. IN THE EVENT THAT THE PLANS AND SPECIFICATIONS ARE NOT APPROVED, SUBSEQUENT SUBMITTALS WILL BE REVIEWED WITHIN 30 DAYS OF RECEIPT.

PLANS AND SPECIFICATIONS NOT MEETING ALL OF THE REQUIREMENTS WILL BE REJECTED. NO PARTIAL APPROVAL WILL BE GRANTED.