



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Application for Pool and Spa Plan Review

For Office Use

Date _____ Fee \$ _____ Ck. # _____ Trans. # _____ Dist. # _____ Area # _____ SR # _____

PE Code# _____ **PR#** _____

Note: Plans will not be accepted unless this application is complete, and the plan check fee is paid.

Establishment Name: _____

Job Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: (____) _____

E-mail Address: _____ Fax: (____) _____

Contact's Address: _____ City: _____ State: ____ Zip: _____

Contractor/Architect: _____ Phone: (____) _____

Contractor's License#: _____ **License Type:** _____

Address: _____ City: _____ State: ____ Zip: _____

Owner/Operator Name: _____ Phone: (____) _____

New: ____ **Remodel:** ____ **Explain Remodel:** _____

Number of Pools Under 1,000 Sq. Ft. _____ Number of Pools Over 1,000 Sq. Ft. _____

Number of Spas _____ Water Feature _____ Replaster _____

Type of Development:

Motel/Hotel _____ Apartment _____ Homeowner's Association _____ Municipal _____

Other (Specify) _____

Desert Areas:

Dry well required contact local water/sewer agency for requirements.

Owner/Representative Declaration: I certify that I have read the entire application and state that all information is correct. I understand that the amount of fee paid is based on my declaration of information on this form, and that incorrect information is grounds for denial of the submitted plans. I also understand that plans will be discarded if not picked up within sixty (60) days of approval or denial, and that no inspection of my establishment will be conducted, or approval granted to operate, until all proper information requested has been received and plans have been approved and returned. *I have reviewed the Plan Construction Guide and my plans follow the guide.*

Signature _____ **Date** _____

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org