



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**