



Environmental Health ❖ 625 5<sup>th</sup> Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ [EH@sonoma-county.org](mailto:EH@sonoma-county.org)  
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

**POOL/SPA FACILITY PLAN REVIEW APPLICATION**

TYPE OF POOL (please submit one application per body of water):  POOL  SPA  WADER  SPRAY GROUND  SPECIAL PURPOSE  
 NEW  REMODEL  EQUIPMENT CHANGE  DECK/FENCE

Facility Name \_\_\_\_\_ APN (if known): \_\_\_\_\_

Site Address \_\_\_\_\_ Ste # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Ste # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Designer/Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Ste # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ State Contractor's License number (if applicable): \_\_\_\_\_

Scope of Work: \_\_\_\_\_

POOL / SPA INFORMATION			
YEAR BUILT:			
SURFACE AREA (sq. ft.):			
VOLUME (gallons):			
MAIN DRAIN:	<input type="checkbox"/> New split 3ft. apart	<input type="checkbox"/> Existing split 3ft. apart	<input type="checkbox"/> Single main drain with anti-entrapment device
PIPE SIZE(S) (inches):	Suction Line:	Return Line:	
EQUIPMENT	EXISTING		NEW
FILTER:	Make and Model:		
	Type/Size (sq. ft.):		
PUMP(S):	Make and Model:		
	H.P.:		
DISINFECTANT:	Make and Model:		
	Type:		
FLOWMETER:	Make and Model:		

Water Supply:  Public  Private Well\* Sewage Disposal:  Public  On-Site/Septic\*\* Name of Water System \_\_\_\_\_

\*CDPH Drinking Water Branch clearance is required prior to issuance of permits

\*\*Permit Sonoma clearance is required prior to issuance of permits

I understand that these plans will be approved / not approved within 20 working days after being submitted to Environmental Health. Plan approval requires submittal of all necessary information that is in conformance with applicable laws and regulations. Plan review and construction inspection fees (including travel time) are separate from the operational permit fee. Plan review fees are a prepaid estimate of time and are based on the current hourly rate. It is the applicant's responsibility to obtain all necessary building permits. Approved plans from Environmental Health are required by the Building Department prior to issuing a building permit for any construction/renovation of a pool/spa or ancillary facility. Before opening the public pool, the following must be completed:

- Any additional time beyond the initial paid plan review fees will be due prior to submittal of a permit application.
- Prior to opening, all final construction approvals/inspections must be obtained and the operational permit application and fee must be submitted.
- Approval by all applicable agencies must be obtained.

If a pool facility opens without a valid Public Pool Permit, the operator may be subject to penalties and closure of the facility.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**For office use only:**

Application Date \_\_\_\_\_ FA # \_\_\_\_\_ SR # \_\_\_\_\_ Dist. \_\_\_\_\_

Comments: \_\_\_\_\_

Plans Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Plans Approved by \_\_\_\_\_ Date \_\_\_\_\_

Cash  Check/Credit Card Trans# \_\_\_\_\_ Date rec'd \_\_\_\_\_ by \_\_\_\_\_ Amount rec'd \$ \_\_\_\_\_