



APPLICATION FOR POOL AND SPA PLAN REVIEW

COUNTY OF SAN BERNARDINO – DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

PHONE: (800) 442-2283

www.sbcounty.gov/dehs

Facility Name: _____

Facility Location: _____ City: _____

Contractor: _____ Phone: _____

Address: _____ Email: _____

Owner: _____ Phone: _____

Mailing Address: _____ Email: _____

- Project Type: Swimming Pool Spa Pool Spray Ground/Interactive Water Feature/Water Park
 Wading Pool Special Purpose Pool Other _____
 AB 1020 Upgrade Pump replacement _____

Scope of Work: _____

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Received By: _____

Date: _____

- PRELIMINARY REJECT
- NOT APPROVED, PLANS ARE REJECTED AS SUBMITTED
Three (3) corrected and detailed copies of the plans, including equipment layout sheets, are to be resubmitted for approval by this Division prior to building permit issuance. Return one copy of the rejected plans.
- POOL PLAN APPROVED AS CORRECTED
The violations listed require correction prior to issuance of a permit to operate. Plans are valid for up to 2 years from this date, after which plans are void.

Plans checked by: _____

Date: _____ Phone: _____

Date Service Completed: _____

DIST: _____ City Code: _____

Amt. Paid: _____ Receipt #: _____

Check #: _____

APN: _____

SR#: _____

FA#: _____

PE#: _____

Client Contracted: _____

Date Client Called: _____