

Application for Permit to Construct Pool/Spa Facility

Required Attachments:

- One (1) set of complete, easily readable plans drawn to scale (minimum of 1/4" per foot for pool and 1" per foot for spa). A separate application is required for each pool or spa. Two additional sets will be required prior to final plan approval.
- One (1) set of equipment specifications.
- One (1) "Can and Will Serve" letter from the public water supply source.

Digital (PDF format) attachments are strongly encouraged.

Plan Check Fees/Services

Application fee (non-refundable) \$255 [3603]
Plan Review and Inspection fee \$161 per hour
(Plan check fees include plan checking, construction evaluation and final inspection services)

FOR OFFICE USE ONLY

SR _____
 AR _____
 Prog./Elmt: 3603

Important Notes *(Please Read)*

- ✓ Allow 20 business days for the initial review of plans.
- ✓ Plans found to be unsatisfactory will be returned for revision.
- ✓ Project approval will not be issued until all fees are paid.
- ✓ Upon completion, **but prior to OPENING**, you will be required to pay all outstanding Plan Review balances as well as register and pay the fee for an annual Health Permit.

Type of Construction/Remodel *(Check all that apply)*

- New Construction Pool or Spa**
- Minor Remodel** (indicate work to be done):
 Resurfacing Tile Drain Cover Handrails VGB Deck Resurfacing New Equipment
- Major Remodel** (Includes plumbing)

Billing Information *(The individual listed here will receive monthly Plan Review invoices)*

Payer Name: Last _____ First _____
 Care of: _____
 Billing Address: Street/PO Box: _____
 Suite/Apt: _____ City: _____ State: _____ Zip _____
 Phone (____) _____ Cell: (____) _____ Fax: (____) _____
 E-mail: _____

Owner Information *(Please Print Clearly)*

Owner(s) Name: Last _____ First _____
 Last _____ First _____
 Care of: _____
 Billing Address: Street/PO Box: _____ Suite/Apt: _____
 City: _____ State: _____ Zip _____
 Phone (____) _____ Cell: (____) _____ Fax: (____) _____
 E-mail: _____
 Name of Corporation or Limited Liability Company: _____

Facility Information

Facility name (DBA): _____

Facility address: _____ Suite/Apt: _____

City: _____ State CA Zip _____

Phone (____) _____ Fax: (____) _____

Water Supply: Public Utility Private Well | **Sewage Disposal:** Public Sewer Onsite Septic System

Is Facility coming in under new ownership? Yes No

If Yes, enter the previous name: _____

Plan Check Information

Name of contractor/contact person _____ Title: _____

Business name (DBA) _____

Business address _____ City _____ State _____ Zip _____

Phone (____) _____ Cell Phone (____) _____ Fax (____) _____

Email: _____

CONSTRUCTION APPROVAL

When signed by the Environmental Health Specialist, this application shall be deemed a Permit to Construct for the work described. Do not begin construction until plans have been approved by Environmental Health Services. Please note additional permits (e.g., electrical installation, land use clearance, grading) may also be required from other agencies. THIS PERMIT TO CONSTRUCT SHALL EXPIRE upon completion of the task authorized or one year from date of issuance, whichever comes first. No changes from the approved plans are permitted without prior written approval by Environmental Health Services. Allow 20 business days for the initial review of plans.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I agree to comply with all county ordinances and state laws relating to building, development and construction. I hereby authorize representatives of Santa Barbara County to enter the premises for the purpose of inspecting the work described herein for compliance with county requirements.

REQUIRED INSPECTIONS / FINAL CLEARANCE

Inspections must be scheduled directly with the approving Environmental Health Specialist at least two (2) business days in advance for each of the following:

- 1. Pre-gunite
- 2. Pre-deck
- 3. Pre-plaster
- 4. Final Inspection

Print Name: _____ Title: _____

Signature: _____ Date: _____

APPLICATION DISPOSITION: Approved Denied

Signed _____ Date _____
Environmental Health Specialist

Department Use Only

Application Fee:	Rec'd by: _____	Date Rece'd: _____	Amt. Rec'd: \$ _____
	Check No.: _____	Receipt No.: _____	Credit Card (last 4 digits) _____