



DEPARTMENT OF PUBLIC HEALTH ♦ ENVIRONMENTAL HEALTH DIVISION
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559-600-3357 ♦ 559-455-4646 FAX ♦ www.fcdph.org/pools
environmentalhealth@fresnocountyca.gov

NEW POOL CONSTRUCTION FORM

\$2228.00 plan check fee due upon submittal

PLAN INFORMATION:

Name of Proposed Pool Site: _____ Site Phone #: _____

Construction Site Address: _____ City: _____

☐ New Construction

Remodel or Replaster **Do Not Use This Form**

(if Remodel or Replaster use the **MINOR POOL REMODEL FORM** or **REPLASTERING POOL FORM**)

Type of Pool:

- ☐ Pool
☐ Spa
☐ Multiple Pool / Spa (at same location)
☐ Wading Pool
☐ Special Use Pool
☐ Spray Ground

☐ Other: _____

CONTRACTOR / CONTACT INFORMATION:

Name: _____

Company: _____

Mailing Address: _____

Email: _____

Phone: _____

POOL OWNER CONTACT INFORMATION:

Name: _____

Company: _____

Mailing Address: _____

Email: _____

Phone: _____

PLAN SUBMITTAL:

- Submit a minimum of 2 blue print plan copies (1 copy will be kept).
- Preferable print size 24" x 36".
- Plans must be drawn to scale. ($\frac{1}{4}$ " per foot for pools or 1" per foot for spas and wading pools)
- Plans will not be reviewed or approved without plan check fee payment. Plans are reviewed in the order they are received.
- Missing information or improperly prepared plans will delay the review and approval process.

The plans must include all of the following where applicable:

- | | |
|---|--|
| a.) Site plan | g.) Plumbing plan (include water and waste for ancillary facilities) |
| b.) Plot plan | h.) Calculations |
| c.) Equipment plan | i.) Specification sheets for all equipment |
| d.) Equipment schedule (include make and model #'s) | j.) Ancillary facilities plan (restrooms and showers) |
| e.) Enclosure plan (fence and gate) | k.) Miscellaneous details |
| f.) Lighting plan (if night use proposed) | |

OFFICIAL USE ONLY: FA: _____ REC: _____

Received by: _____ Date: _____ Time: _____