



Community Health Services Branch
Environmental Health Division
Swimming Pool or Spa Application

Date Rec'd	_____
Rec'd By	_____
Payment #	_____
Amount Rec'd	_____

Approved By: _____ Date: _____ Facility ID#: _____

860 N Bush Street	Ukiah, CA 95482	Phone: (707) 234-6625	Fax: (707) 463-4038
Pool/Spa Name	Pool/Spa Phone #		
Facility Address	City		
Owner Name	Owner Phone #	Owner Fax #	
Facility Mailing Address	City and State	Zip Code	

Designer Name	Designer Phone #	Designer Fax #
Designer's Address	City and State	Zip Code
Contractor Name	Contractor Phone #	Contractor Fax #
Contractor's Address	City and State	Zip Code

In applying for this permit, the owner/applicant agrees to allow inspections by the health inspector in order to ascertain compliance with California Code of Regulations, Title 22.

In addition, the owner/applicant agrees to the following:

1. Install all piping in accordance with approved plans and not to cover or backfill until inspected and approved by the Environmental Health Inspector. (California Code of Regulations, Title 24, Sections 9013, 9042, 9043).
2. Notify the Environmental Health Division of any alterations or deviations from the approved plans and obtain approval prior to making changes. (California Code of Regulations, Title 22, Section 65509).
3. Contact the Environmental Health Division for inspection and approval at least 48 hours in advance of guniting or constructing the pool shell. (California Code of Regulations, Title 22, Section 65511).
4. Contact the Environmental Health Division for inspection and approval at least 48 hours in advance of placing the pool in operation. (California Regulations, title 22, Section 65511). All equipment shall be fully functional and in operation. Water chemistry shall also be in compliance.

Change of Ownership requires a new updated application, a one-time administrative fee of **\$128.00** (per **BOS Resolution 12-088**), and determination by the health inspector that the facility meets current code requirements prior to a new permit being issued.

Owner/Applicant Signature:	Date:
Owner/Applicant Name (Printed):	Pool/Spa ID #: (To be assigned by EH Staff)

Do Not Write Below This Line – For Staff Use Only

Date Plans Submitted:	Fee Received By:	Approval Date:
Plan Fee Submitted:	Payment #:	Approved By:
Pre-gunite Inspection Date:	Final Inspection Date:	