

GLENN COUNTY

Planning & Community Development Services Agency Environmental Health Department

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Willows, CA 95988
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Mardy Thomas, Director

Public Swimming Pool/Spa Plan Check Request Form

Facility ID #

Facility Information:

Facility Name: _____ Phone #: _____
Facility Address: _____ Fax #: _____
Email Address: _____
Manager/Contact's Name: _____

Owner Information:

Owner Name: _____ Phone #: _____
Owner Mailing Address: _____ Fax #: _____
Email Address: _____

Contractor Information:

Contractor Name: _____ Phone #: _____
Mailing Address: _____ Fax #: _____
Email Address: _____ License #: _____

Plan Check Type:

New Construction Remodel or Addition Re-plastering

Type of Pool:

Pool Spa Wading Pool Special Use Pool Spray Ground
 Other: _____

Plan Check Submittal:

Missing information or improperly prepared plans will delay the review and approval process. Plans will not be reviewed or approved without the plan check fee payment and are reviewed in the order they are received.

Plan check submittal required information

- Site plan to scale
- Plot plan to scale (show all dimensions, markings, hand holds, pool exits, hose bibbs, fill lines, bottom drains, return inlets, backwash area etc.)
- Deck layout (material, color and slope)
- Enclosure layout (Fence, gates and landscaping)
- Equipment plan (Pumps, heater, gauges, filters, disinfectants, shut-off, skimmers etc.)
- Equipment schedule (include make and model numbers)
- Plumbing Plan (potable water and wastewater)
- Electrical/lighting plan
- Calculations
- Specification sheets for all equipment
- Ancillary facilities plan (restrooms, showers and drinking fountains)
- Additional details (safety signs, safety equipment, diving structures etc.)

Signature of Owner: _____ **Date:** _____

I declare that to the best of my knowledge and belief, the above statements are true and correct.

Date: _____ Fee Paid: _____ Receipt #: _____ Rec'd by: _____