

CITY OF LONG BEACH – DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ENVIRONMENTAL HEALTH – RECREATIONAL WATERS PROGRAM
 2525 Grand Avenue, Long Beach, CA 90815 (562) 570-4132

POOL PLAN APPROVAL APPLICATION

INSTRUCTIONS FOR SUBMITTING POOL PLANS

- Plans are approved in the order they are received. Missing information or improperly prepared plans will delay the plan approval process.
- Fill in all appropriate blanks on the application.
- All existing pools will be checked to see that they have approved drain covers complying with ANSI A112.19.8. Therefore, if this is an existing pool, be sure to fill in all information asked for below.
- Your plans will not be reviewed or approved until a fee is paid.
- Make check or money order payable to: CITY OF LONG BEACH. Check and money orders must be made out for the exact amount of the fee.
- Personal checks must bear a name, address and phone number.
- This fee is not refundable nor is the application transferable.
- Submit a minimum of 3 copies of plans for new construction and 1 copy for renovations/equipment changes. Our department will retain one copy.
- You will be contacted when your plans are ready. Renovation/equip. change plans that are mailed-in will be mailed back to you.
- Attach this application to your plans.

Date	Job Address		
Job City			Job Zip Code
Pool Contractor Company Name		Pool Contractor Name	
Pool Contractor Address		Contractor City	Contractor Zip Code
Contractor Phone	Contractor Cell Phone	Contractor Fax	
Contractor License Name		Contractor License Number	Contractor License Type
Site Owner		Owner Address	
Owner City		Owner Zip Code	Owner Phone
Approval Type: ___New ___ Resurface/Renov. ___ Equip. Change ___ Re-plumb ___ Drain Cover ___ Drain split ___ Other _____			
Number of Swimming Pools ___ Spas ___ Other Pools ___ No. of Plans Submitted ___ Total Fee \$ _____			
IF THIS IS AN EXISTING POOL, FILL IN ALL OF THE FOLLOWING INFORMATION (unless on plans):			
Size of pool(s) _____ Gallons _____ Year pool built _____ Drains split? Yes ___ No ___			
Existing pump model / hp _____ Suction line size _____ Return line size _____ ___ PVC ___ Copper			
If spa, booster pump model / hp _____ Suction size _____ Return size _____ ___ PVC ___ Copper			
Grates / drain covers make / model _____			
What is being done / changed _____			

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 VGB Swimming Pool Plan Check Work Sheet

Plan work sheet should **ONLY** be used to submit plans for compliance with Virginia Graeme Baker Pool and Spa Safety Act (California Health and Safety Code Section 116064.2). **USE ONE FORM FOR EACH POOL.**

SWIMMING POOL ADDRESS				CITY			
CONTRACTOR'S NAME				LICENSE #		LICENSE TYPE	
POOL LENGTH	POOL WIDTH	POOL DEPTH S B D		POOL GALLONS	MAIN SUCTION LINE SIZE	MAIN RETURN LINE SIZE	___ Copper ___ PVC
CIRCULATION PUMP MAKE/MODEL	HP	IF THIS IS A SPA MAKE/MODEL - JET/BOOSTER PUMP			HP	2 ND JET/BOOSTER PUMP IF PRESENT MAKE/MODEL	
MAIN DRAIN COVERS MAKE/MODEL / ON WHAT PUMP ARE YOU USING THIS COVER				DRAIN COVERS MAKE/MODEL IF MORE THAN ONE PUMP /ON WHAT PUMP ARE YOU USING THIS			
MAIN DRAIN COVERS MAKE/MODEL IF MORE THAN ONE PUMP ON WHAT PUMP ARE YOU USING THIS				EQUALIZER LINE COVER IF PRESENT MAKE/MODEL			
SUCTION VACUUM RELEASE SYSTEM (SVRS) MAKE/MODEL							
<p>In the box below, draw a diagram of the pool as it will appear when all work is completed. Include a complete diagram of the suction plumbing all the way back to the pump, include skimmers, equalizer lines, main drains / drains, pipe size and any valving. You do not have to draw in the return lines.</p> <div style="border: 1px solid black; height: 400px; width: 100%; margin-top: 10px;"></div>							