Placer County
Health and Human Services Department

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Perspective, Hope, and Opportunity

Application for Pool/Spa Minor Remodel Plan Review

Name of Pool/Spa: _____
Address of Pool/Spa: _____
Owner's Name: _____
Owner's Address: _____
Owner's Phone: _____Owner's E-Mail _____

If multiple pools, spas, and/or wading pools are on site, identify which one is to be remodeled
_____
_____
_____

Size of Pool, Spa or Wading Pool:

Surface Area:
Rectangle or square (length) _____ x (width) _____ = _____sq. ft.
(Spa): Circle: 3.14 x (radius) _____ = _____ sq. ft.
Kidney: [(small width) ____+ (lg. Width) ____ x length _____ x .45= ____ sq. ft.

Gallonage:
(Surface area) _____x (avg. depth) _____x 7.48 gal/cu ft. = _____ gallons

Turnover Rate:
Pool: (gallons)/360 minutes = _____ gpm
Spa: (gallons)/30 minutes = _____ gpm
Wading Pool: (gallons)/60 minutes = _____gpm

Equipment	Existing	New
Filter: Make and Model: Type:		
Pump: Make and Model: H.P.:		
Sanitizer: Make and Model: Type:		
Flowmeter: Make and Model:		

**Minor remodel means remodeling of less than 30% of the pool, spa or wading pool structural area or equipment alterations, excluding replacement of like equipment solely for repair purposes. If you have questions on whether your work falls into this category call (530) 745-2300 for clarification.*

Description of additional changes (i.e. plumbing, electrical, structural, etc.):

Schematic diagram of proposed equipment layout:

Company or individual doing work:

Name: _____
Address: _____
Phone & Fax numbers: _____
Contractor's License number: _____
Minor remodel approved by: _____ Date: _____

Comments: