Los Angeles County Public Works
Building and Safety Division
Plan Check/Permit No. UNC-_____

Disclaimer: Permits are public records and may be posted to the Internet for Public review.

APPLICATION FOR COMBINATION POOL/SPA PERMIT / PLAN CHECK

JOB ADDRESS: _____ **UNIT**_____

CITY/LOCALITY:_____ **APN**:_____

SCOPE OF WORK:

PROJECT VALUATION: $ _____ **COMMERCIAL** ☐ **RESIDENTIAL** ☐

POOL:_____**SQ. FT.** **SPA**:_____**SQ. FT.**

SPECIAL CONDITIONS:_____

PROPERTY OWNER

NAME:_____ **OWNER BUILDER**: YES ☐ NO ☐

ADDRESS: _____ **PHONE**:(_____) _____-_____

CITY:_____ **STATE/ZIP**: _____ **EMAIL**: _____

APPLICANT INFORMATION (if different from owner)

NAME:_____

ADDRESS: _____ **PHONE**:(_____) _____-_____

CITY:_____ **STATE/ZIP**: _____ **EMAIL**: _____

CONTRACTOR INFORMATION

NAME:_____

ADDRESS: _____ **PHONE**:(_____) _____-_____

CITY:_____ **STATE/ZIP**: _____ **EMAIL**: _____

LICENSE #:_____ **CLASSIFICATION**: _____ **EXP DATE**:_____/_____

WORK COMP CARRIER:_____ **POLICY #**:_____ **EXP DATE**:_____/_____

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME:_____

ADDRESS: _____ **PHONE**:(_____) _____-_____

CITY:_____ **STATE/ZIP**: _____ **EMAIL**: _____

STATE LICENSE #:_____ **EXP DATE**:_____/_____

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware that if the Pool/Spa plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plans will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.

APPLICANT / OWNER SIGNATURE: _____ **DATE**:_____