



Instructions for Submitting Pool/Spa Renovation Plans

CBC Title 24, 3103B.1 A person proposing to construct, renovate or alter a pool, ancillary facilities (such as *public dressing rooms, lockers, shower or bathroom areas, drinking fountains, equipment rooms, pool deck areas, pool enclosures, or building spaces, that is intended to be used by pool users*) or equipment and appurtenances shall submit plans and specifications detailing compliance with this chapter to the enforcing agent for review and written approval prior to commencing construction and shall first be cleared by the enforcing agent before substitution if not an exact duplicate of the units being changed or replaced. A local building department shall not issue a permit for a public pool or ancillary facility until the plans have been approved by the enforcing agent.

- Plans must be submitted with the application for any type of project. Submissions without plans will be not be accepted. See Plan Check Requirements at: <http://www.co.merced.ca.us/2141/Recreational-Health>
- Fill out a separate application for each pool, spa, wading pool, or other pool.
- Fill in all blanks on the application. If existing/new equipment information is already provided on the plans, you do not need to provide them again on this application. Missing information may delay the plan approval process.
- Complete plans and fees must be submitted with the application for any type of project. Plans will not be reviewed until fees are received. The fees are not refundable. The application is not transferable. See the fee schedule at <http://www.co.merced.ca.us/1740/Fee-Schedule>
- Plans are reviewed in the order they are received.
- The plan check fee includes review time and field construction inspections. Any excess time will be billed at the current hourly rate.
- Submit one set of plans (Submit two sets of plans only if you would like a copy of approved plans to be returned to you). Pool plans shall be drawn to a scale of 1/4 inch = 1 foot, and spa plans shall be drawn to a scale of 1 inch = 1 foot. Use of any other drawing scale must be preapproved by the enforcing agent. If the swimming pool/spa is being replastered or resurfaced the following minimum information is required:
 - a) Resurfacing material and color; Color of new waterline tiles and tiles on step edges and benches
 - b) A top view drawing showing the length and width of the pool/spa as well as a North arrow orientation
 - c) Location of a 4-inch wide line of non-slip contrasting tile at the 4 ½ feet water depth. (Pools with a maximum water depth of 5 feet or less do not require a tile line);
 - d) A side view drawing of the handrail over the stairs showing the distance from each step tread edge and the deck to the top of the handrail. This distance needs to be 28" - 36". If the existing handrail does not meet these requirements it needs to be replaced;
 - e) Show depth marker and NO DIVING marker locations on the top view drawing. (NOTE: a depth marker is required anywhere there is a break in slope, while the 4-inch wide non-slip contrasting tile line is always placed where the water depth is 4 ½ ft.);
 - f) Show the ladder(s) at the deep end of the pool (Pools with a maximum water depth of 4 ½ ft. or less are not required to have a ladder);
 - g) Provide coping detail if the pool/spa coping is being replaced. Submit specification sheets for any new equipment that will be installed.
- Within 30 days of receipt of COMPLETE plans and equipment specifications, this Division will make every effort to notify the person submitting the plans whether or not the plans and specifications have been approved. In the event that the plans and specifications are not approved, subsequent submittals will be reviewed within 30 days of receipt.
- Plans and Specifications not meeting ALL of the requirements will not be approved **NO PARTIAL APPROVALS WILL BE GRANTED.**
- Approved plans are valid for 2 years form the approval date.

FACILITY INFORMATION				
Facility ID FA000		Facility Name and Address		Facility Phone
Owner ID OW000		Owner Name and Address		Owner Phone
POOL/SPA CONTRACTOR INFORMATION				
Company Name			License Number	Classification
Contractor's Name and Address			Contractor's Phone	
Email			Fax	
Contact Person for Plans		Email	Contact Person's Phone	
Type of Pool:	Swimming Pool	Spa	Wading Pool	Other _____
Proposed Work:	PE 0310 - New Construction/Major Remodel (includes projects requiring > 50 % removal of existing shell)			
	PE 0311 - Renovation (Resurface/Replaster, CHANGE or ADDITION of Pump, Filter, Skimmer, Sanitizer, Deck, Coping, Tile, Depth Markers, Handrails, Lights, Fencing, Gate, Restroom, Re-plumbing, Main drain cover(s) change or split drain, etc.)			
POOL/SPA SPECIFICATIONS				
SURFACE AREA	Rectangle/Square: (length) _____ x (width) _____ = _____ sq. ft.			
	Circle: 3.14 x (radius) _____ x (radius) _____ = _____ sq. ft.			
	Kidney: 0.45 x (average width) _____ x (length) _____ = _____ sq. ft.			
	Triangle: 0.5 x (base) _____ x (height) _____ = _____ sq. ft.			
CAPACITY	Pool: (surface area) _____ ÷ 20 sq. ft. = _____ maximum bathers		Spa: (surface area) _____ ÷ 10 sq. ft. = _____ maximum bathers	
VOLUME	(surface area) _____ x (average depth) _____ x 7.48 gal./cu.ft. = _____ gallons			
FLOW RATE	Built prior to 1982		Built in 1982 or after	
	Pool:	Volume ÷ 480 minutes = _____ gpm	Volume ÷ 360 minutes = _____ gpm	
	Spa:	Volume ÷ 30 minutes = _____ gpm	Volume ÷ 30 minutes = _____ gpm	
	Wading Pool:	Volume ÷ 120 minutes = _____ gpm	Volume ÷ 60 minutes = _____ gpm	
	Medical Pool:	Volume ÷ 120 minutes = _____ gpm	Volume ÷ 120 minutes = _____ gpm	
TURNOVER TIME	Volume ÷ Flow Rate ÷ 60 minutes = _____ hours			
All information below have been clearly provided on the submitted plans				
EQUIPMENT INFORMATION				
FILTER	EXISTING		NEW	
	Manufacturer:	Model:	Manufacturer:	Model:
	High Rate Sand	Rapid Sand	Cartridge	
PUMP	Pressure Diatom. Earth	Vacuum Diatom. Earth	Pressure Diatom. Earth	Vacuum Diatom. Earth
	Manufacturer:	Model:	Manufacturer:	Model:
	GPM:	HP:	GPM:	HP:
JET PUMP	Manufacturer:	Model:	Manufacturer:	Model:
	GPM:	HP:	GPM:	HP:

All information below have been clearly provided on the submitted plans

EQUIPMENT INFORMATION

	EXISTING	NEW
BOOSTER PUMP	Manufacturer: _____ Model: _____	Manufacturer: _____ Model: _____
	GPM: _____ HP: _____	GPM: _____ HP: _____
SANITIZER	Manufacturer: _____ Model: _____	Manufacturer: _____ Model: _____
	Type: _____	Type: _____
FLOW METER	Manufacturer: _____ Model: _____	Manufacturer: _____ Model: _____
CHEMICAL CONTROL	Manufacturer: _____ Model: _____	Manufacturer: _____ Model: _____
UNDER-WATER LIGHTS	Manufacturer: _____ Model: _____	Manufacturer: _____ Model: _____
	Voltage: _____ Watt: _____ Quantity: _____	Voltage: _____ Watt: _____ Quantity: _____
PIPE SIZE	Suction (inches): _____ Return (inches): _____	Suction (inches): _____ Return (inches): _____

All information below have been clearly provided on the submitted plans

VGB CERTIFICATION

	EXISTING	NEW
MAIN DRAIN	Split Drains (< 3 ft apart w/ SVRS) Split Drains (≥ 3 ft apart)	Split Drains (< 3 ft apart w/ SVRS) Split Drains (≥ 3 ft apart)
	Single Drain-Unblockable Single Drain-w/ SVRS	Single Drain-Unblockable Single Drain-w/ SVRS
MAIN DRAIN COVERS	Manufacturer: _____ Quantity: _____ GPM Rating Wall: _____	Manufacturer: _____ Quantity: _____ GPM Rating Wall: _____
	Model: _____ GPM Rating Floor: _____	Model: _____ GPM Rating Floor: _____
SVRS	Manufacturer: _____ Model: _____	Manufacturer: _____ Model: _____
JET or BOOSTER	Split Drains (< 3 ft apart w/ SVRS) Split Drains (≥ 3 ft apart)	Split Drains (< 3 ft apart w/ SVRS) Split Drains (≥ 3 ft apart)
	Single Drain-Unblockable Single Drain-w/ SVRS	Single Drain-Unblockable Single Drain-w/ SVRS
JET or BOOSTER COVERS	Manufacturer: _____ Quantity: _____ GPM Rating Wall: _____	Manufacturer: _____ Quantity: _____ GPM Rating Wall: _____
	Model: _____ GPM Rating Floor: _____	Model: _____ GPM Rating Floor: _____
EQUALIZER	No Equalizer Line Single Equalizer Line-Plugged	No Equalizer Line Single Equalizer Line-Plugged
	Single Equalizer Line Split Equalizer Lines (≥ 3 ft apart)	Single Equalizer Line Split Equalizer Lines (≥ 3 ft apart)
EQUALIZER COVERS	Manufacturer: _____ Quantity: _____ GPM Rating Wall: _____	Manufacturer: _____ Quantity: _____ GPM Rating Wall: _____
	Model: _____ GPM Rating Floor: _____	Model: _____ GPM Rating Floor: _____

Date	Print Name of Person Submitting Plans	Signature of Person Submitting Plans
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OFFICE USE ONLY			
RECEIVED BY:	RECEIVED DATE:	FACILITY ID FA000	FEE: