

**Humboldt County Department of Health and Human Services  
Division of Environmental Health**

100 H Street - Suite 100 - Eureka, CA 95501  
Voice: 707-445-6215 - Fax: 707-441-5699 - Toll Free: 800-963-9241  
[envhealth@co.humboldt.ca.us](mailto:envhealth@co.humboldt.ca.us)

**Pool Plan Check Application**  
All Items Must Be Completed  
Incomplete Applications Will be Returned

Name of Facility	
Facility Street Address	
Facility City/State/Zip	
Name of Owner/Operator	
Owner/Operator Phone(s)	Cell
Mailing Address	
E-Mail Address	
Name of Person Submitting Plans	
Relation to Project (architect, contractor, etc.)	
Telephone Number(s)	Cell
General Contractor Name	
Telephone Number & E-Mail Address	
Plumbing Contractor Name	
Telephone Number & E-Mail Address	

**Application Information**

1. A Plan Check fee is due with this submittal, covering the first 3 hours of staff time. Staff time in excess of 3 hours will be billed with the plan approval, and must be paid before a permit can be issued.
2. One complete copy of the plans is required including manufacturer specification sheets for the equipment.

Amount Paid \$ _____	DEH Use Only	Receipt # _____
Response Due By: _____		Approval Date: _____
EHS Signature: _____		SR# _____