



SUTTER COUNTY

DEVELOPMENT SERVICES DEPARTMENT

Building Inspection
Code Enforcement

Engineering/Water Resources
Environmental Health

Planning
Road Maintenance

APPLICATION FOR PUBLIC POOL FACILITY PLAN CHECK

Swimming Pool Spa Sprayground Wading Pool

DBA: _____

FORMER DBA (if remodel): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

FACILITY PHONE NUMBER: _____

WATER SOURCE: Private well Community Water

SEWAGE DISPOSAL: Septic System Public Sewer

IF REMODEL: (DESCRIBE REMODEL AREA): _____

PLAN SUBMITTEE: _____ TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

ESTABLISHMENT OWNER: _____

CONTACT PERSON: _____

OWNER ADDRESS: _____

CITY, STATE, ZIP: _____

OWNER TELEPHONE: _____

FOR OFFICE USE ONLY

Date Payment Received: _____ Amount: _____ Receipt No: _____ Rec'd By: _____

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