



CITY OF IRWINDALE BUILDING AND SAFETY

APPLICATION NO.: _____

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: _____