



**ENVIRONMENTAL HEALTH DIVISION - POOLS & SPA SAFETY**

# Water Recreation Facility Operating Permit Application

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Owner of Facility: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Manager/Operator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Types of Facilities

	Pool	Spa	Seasonal	Year-round
Size Primary of Facility _____gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of Additional Facilities _____gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of Additional Facilities _____gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Disinfectant: \_\_\_\_\_

If Seasonal Facility: \_\_\_\_\_open date \_\_\_\_\_close date

Hours of Operation: \_\_\_\_\_open time \_\_\_\_\_close time

Permit Fee: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: By signing the above, the applicant agrees to comply with all Washington State Board of Health rules and regulations concerning Water Recreation Facilities, and is subject to any penalties for non-compliance.

