

Water Recreation and School Programs

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TTY Relay: 711
www.kingcounty.gov/health

WATER RECREATION FACILITY PLAN REVIEW APPLICATION - 2012

Please complete the information below and submit with Plans and a completed *Plan Guide for Water Recreation Facilities* checklist to the appropriate district office listed below.

CONSTRUCTION PERMIT (check one) Make checks payable to: SKCDPH

- New Pool Construction**, \$804.00 base fee for the first four hours of service payable at the time of application, plus \$201.00 per hour for service after four hours, payable at the time of final approval.
- Renovation**, \$402.00 base fee for the first two hours of service payable at the time of application, plus \$201.00 per hour for service after two hours, payable at the time of final approval. Renovation includes extensive changes in equipment, piping, barriers, walking surfaces, pool appurtenances, filtration equipment, mechanical equipment or pool structure.
- Plan re-submittal**, \$201.00 per hour, payable at the time of final approval.

BRIEF DESCRIPTION OF PROPOSAL _____

PROJECT INFORMATION

Pool Facility Name _____ email address _____
Pool Facility Site Address _____ City _____ State _____ Zip _____
Mailing Address (if different) _____ City _____ State _____ Zip _____

Name of Property Owner _____ **Business Name** _____
Contact Person _____ email address _____ Phone (____) _____
Owner's Mailing Address _____ City _____ State _____ Zip _____

Architect/Engineer Name _____ email address _____
Architect/Engineer Business Name _____ Phone (____) _____
Mailing Address _____ City _____ State _____ Zip _____

Pool Construction Company Contact _____ email address _____
Pool Construction Company Business Name _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

Facility Type Pool Spa Wading Pool Spray Pool Water Park Temporary Other: _____
Operation Type Seasonal Year-Round Indoor Outdoor
 General Use Limited Use Proposed Months of Operation: _____

OFFICE USE ONLY

Permit Record ID SR _____ PR _____ FA _____ Classification _____
Date Submitted _____ Reviewer _____ AR _____ IN _____
Action Taken: Approved Disapproved Corrections sent Pending Other _____

CONTACT LOG

Date	Discussion
_____	_____
_____	_____

If you have questions, please contact plan review:

DOWNTOWN ENVIRONMENTAL HEALTH
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KCPoolPlans@kingcounty.gov