Water Recreation Program
401 Fifth Avenue, Suite 1100
Seattle, WA 98104-1818
206-296-4632 Fax 206-205-0639
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

Please complete a separate application for each pool or spa on site

APPLICATION TO OPERATE WATER RECREATION FACILITY -- 2012

FACILITY NAME AND SITE ADDRESS:

_____

_____

_____

_____

MAILING ADDRESS (if different from above):

_____

_____

_____

EMAIL ADDRESS _____

APPLICANT: Complete this form with changes to business and mailing name, address, and ownership information.

RETURN COMPLETED FORM WITH CHECKS PAYABLE TO: SKCDPH

Public Health – Seattle & King County
Downtown Environmental Health
401 – 5th Avenue, Suite 1100E
Seattle, WA 98104

PERMIT YEAR JUNE 1ST TO MAY 31ST PERMITS EXPIRE MAY 31ST

FOR OFFICE USE ONLY

PERMIT RECORD ID (PR#) _____

FACILITY NUMBER (FA#)_____

OWNER NUMBER (OW#)_____

PROGRAM ELEMENT (PE#) _____

PLAN REVIEW SERVICE REQUEST (SR#) _____

VARIANCE SERVICE REQUEST (SR #)_____

CHECK NUMBER _____

APPROVED ☐ **DISAPPROVED** ☐

_____ _____
SIGNATURE DATE

FEE SCHEDULE

Water Recreation Facility $ 577.00 PERMIT FEE

Non-Recirculating Spray Pool $ 241.00 PERMIT FEE

FEE $_____

PRORATION $_____

PENALTY/LATE FEE $_____

PERMIT REPLACEMENT $_____

CHANGE OF OWNER AND/OR NAME $_____

TOTAL AMOUNT DUE **$**_____

OTHER FEES
Permit Replacement $25.00
Change of Ownership and/or Name $25.00
Proration (period 11/30 thru 5/31)=1/2 annual fee
Late Fees – (Annual permits 10-30 days late = 10% of annual fee, 30-60 days late = 20% of annual fee, more than 60 days late = 30% of annual fee)

OWNERSHIP INFORMATION

☐ **Indoor** OR ☐ **Outdoor Pool**
☐ **Swimming Pool** ☐ **Spa Pool** ☐ **Wading Pool** OR ☐ **Spray Pool**
☐ **General Use (Private club pools, municipal pool)** OR ☐ **Limited Use (Associated with living units apartments, condo, Homeowners)**
☐ **Year Around** OR ☐ **Seasonal Pool - Months of Operation: Opening date** _____ **Closing date** _____

If more than one water recreation facility exists at your site, please indicate specific location (e.g. 7th floor): _____

Name of Facility Manager/Operator:_____ **Phone:**_____
Name of Owner(s): **Address:** **Phone**:
_____

SIGNATURE OF APPLICANT: _____ **DATE:**_____

PERMIT INFORMATION

☐ **Permit Renewal**
☐ **New Operation**
☐ **Change of Name**
☐ **Change of Owner**
☐ **Change of Management**

Payment Information

○ **Check or Money Order PAYABLE TO: SKCDPH** **AMOUNT CHARGED $** _____
○ **Cash (In-person only. Do not mail cash)**

○ **Visa**
○ **MasterCard**
○ **Discover**

CARD NAME ON ACCOUNT _
CARD BILLING ADDRESS & ZIP _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
CARD NUMBER _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _
EXPIRES _ _ / _ _ **3 Digit CODE (Back of Card)** _ _ _

Signature (as on Credit card) _____ **Date** _____