

**Water Recreation Program**

401 Fifth Avenue, Suite 1100  
Seattle, WA 98104-1818  
**206-296-4632** Fax 206-296-0188  
TTY Relay: 711  
www.kingcounty.gov/health

**WATER RECREATION FACILITY PLAN REVIEW APPLICATION - 2008**

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**, \$346.00 base fee for the first two hours of service payable at the time of application, plus \$173.39 per hour for service after two hours, payable at the time of final approval.
- Renovation**, \$346.00 base fee for the first two hours of service payable at the time of application, plus \$173.39 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**, \$173.39 per hour, payable at the time of final approval.

**BRIEF DESCRIPTION OF PROPOSAL** \_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION**

**Pool Facility Name** \_\_\_\_\_  
**Pool Facility Site Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Mailing Address (if different)** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Name of Property Owner** \_\_\_\_\_ **Business Name** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_  
**Owner's Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Architect/Engineer Name** \_\_\_\_\_  
**Architect/Engineer Business Name** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Pool Construction Company Contact** \_\_\_\_\_  
**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 PR#** \_\_\_\_\_ **SR#** \_\_\_\_\_ **Classification** \_\_\_\_\_ **DDES/DCLU** \_\_\_\_\_  
**Date Submitted** \_\_\_\_\_ **Reviewer** \_\_\_\_\_ **Review Time** \_\_\_\_\_ **Approval Date** \_\_\_\_\_  
**Action Taken:**     Approved     Disapproved     Corrections sent     Pending     Other \_\_\_\_\_

**CONTACT LOG**

Date	Discussion
_____	_____
_____	_____

If you have questions, please contact the plan reviewer below:

**DOWNTOWN ENVIRONMENTAL HEALTH**  
Eileen Hennessy  
401 - 5<sup>th</sup> Avenue, Suite 1100  
Seattle, WA 98104  
206.263.8451