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



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

APPLICATION TO OPERATE WATER RECREATION FACILITY -- 2008

FACILITY NAME AND SITE ADDRESS:		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 #)
MAILING ADDRESS (if different from above):		CHECK NUMBER
		APPROVED □ DISAPPROVED □
		SIGNATURE DATE
		FEE SCHEDULE
		Water Recreation Facility \$ 498.00 PERMIT FEE Each add'l WRF operated by same person at same location \$ 428.00 PERMIT FEE
EMAIL ADDRESS		
APPLICANT: Complete this form with changes to business and mailing name, address, and ownership information.		FEE \$
		PRORATION \$
		PENALTY/LATE FEE \$
RETURN COMPLETED FORM WITH CHECKS PAYABLE TO: SKCDPH		PERMIT REPLACEMENT \$ CHANGE OF OWNER AND/OR NAME \$
D. L.P. H M C Adv. O. T.P C A		TOTAL AMOUNT DUE \$
Downtown Environmental Health		OTHER FEES
401 – 5 th Avenue, Suite 1100E Seattle, WA 98104		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 = 25% of annual fee)
PERMIT YEAR JUNE 131 TO MAY 3131 PERMITS EXPIRE MAY 3131 (Annual permits more than 30 days late = 50% of annual fee)		
OWNERSHIP INFORMATION Swimming Pool Spa Pool Seasonal Pool Spray Pool Seasonal Pool Seasonal 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. 7 th floor):		
Name of Facility Manager/Operator:		DI
Name of Owner(s):	Address:	Phone:
SIGNATURE OF APPLICANT: DATE:		
PERMIT INFORMATION	Payment Information	
Permit Renewal	O Check or Money Order PAYABLE TO: SKCDPH AMOUNT CHARGED \$	
☐ New Operation	O Cash (In-person only. Do not mail cash)	
☐ Change of Name	CARD NAME ON ACCOUNT	
☐ Change of Owner	CARD BILLING ADDRESS & ZIP	
☐ Sole Owner	O MasterCard CARD NUMBER	
☐ Corporation	O Discover EXPIRES	
Partnership	EXPIRES	3 Digit CODE (Back of Card)
☐ Association	Signature (as on Credit card)	Date