

**Environmental Health Services Division**

401 Fifth Avenue, Suite 1100  
Seattle, WA 98104-1818

**206-263-9566** Fax 206-296-0189  
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 -- 2023**

**FACILITY NAME AND SITE ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS (if different from above):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FACILITY EMAIL ADDRESS:** \_\_\_\_\_

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

**RETURN COMPLETED FORM WITH CHECKS PAYABLE TO: SKCDPH**

**Public Health – Seattle & King County  
Downtown Environmental Health  
401 – 5<sup>th</sup> Avenue, Suite 1100  
Seattle, WA 98104**

PERMIT YEAR JUNE 1<sup>ST</sup> TO MAY 31<sup>ST</sup>      PERMITS EXPIRE MAY 31<sup>ST</sup>

**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                      \$ 633.00 PERMIT FEE**  
**Non-Recirculating Spray Pool                 \$ 337.00 PERMIT FEE**  
**Water Recreation Facility Not in Use         \$ 172.00 PERMIT FEE**

PERMIT 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 association)  
 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<sup>th</sup> floor): \_\_\_\_\_

Name of Facility Manager/Operator on site: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

<p><b>PERMIT INFORMATION</b></p> <p><input type="checkbox"/> Permit Renewal  <input type="checkbox"/> New Operation  <input type="checkbox"/> Change of Name  <input type="checkbox"/> Change of Owner  <input type="checkbox"/> Change of Mailing Address  <input type="checkbox"/> Change of Management</p> <p>Provide changed information in corresponding area above.</p>	<h2 style="margin: 0;">Payment Information</h2> <p>AMOUNT ENCLOSED \$ _____</p> <p><input type="radio"/> Check or Money Order PAYABLE TO: SKCDPH</p> <p><input type="radio"/> Cash or Credit Card (In-person only. Do not mail cash.)</p>
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