



APPLICATION FOR WATER RECREATIONAL FACILITY PERMIT

Name of Facility _____

Facility Phone Number _____

Facility Address _____

City _____

ZIP _____

Number of Pools:

Operation Dates:

Spa _____ Indoor Outdoor from _____ to _____

Spray _____ Indoor Outdoor from _____ to _____

Swimming _____ Indoor Outdoor from _____ to _____

Wading _____ Indoor Outdoor from _____ to _____

Permits are renewed annually and are valid from June 1 through May 31.

-Make checks payable to SNOHOMISH HEALTH DISTRICT (see current fee schedule).

Signature of Applicant: X _____ Date: _____

CHANGE IN OWNERSHIP? Please check box and fill in the necessary information below.
Permits are **NOT** transferable.

Previous Permit Holder/Owner _____ Date of Change _____

PLEASE COMPLETE THE FOLLOWING NEW OR CHANGED INFORMATION:

Owner Name _____

Management Agency Name _____

Owner Street Address _____

Management Agency Street Address _____

City _____ State _____ ZIP _____
Phone _____

City _____ State _____ ZIP _____
Phone: _____

Email: _____

Email: _____

Pool / Spa Manager Name _____

Pool / Spa Manager Street Address _____

City _____ State _____ ZIP _____
Phone _____

Email: _____

Mail Permit to: Site Owner Management Agency

PERMIT TO BE POSTED

FOR HEALTH DISTRICT USE

PERMIT(S) _____

MAILED/DELIVERED _____