SNOHOMISH COUNTY HEALTH DEPARTMENT

# *PERMIT APPLICATION*
## *for Water Recreational Facilities*

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 COUNTY HEALTH DEPARTMENT (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 _____

Owner Street Address _____

City _____ State _____ ZIP _____

Phone: _____

Email: _____

Management Agency Name _____

Management Agency Street Address _____

City _____ State _____ ZIP _____

Phone: _____

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 DEPARTMENT USE

PERMIT(S) _____

MAILED/DELIVERED_____

120822MB

**Environmental Health Division**
3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250