SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

WATER RECREATIONAL FACILITY PERMIT APPLICATION

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 _____
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 DISTRICT USE

PERMIT(S) _____
MAILED/DELIVERED _____

WaterRecreationalFacilityPermitAppl_EH_7_2014_kkc

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