



PLAN REVIEW APPLICATION AND CHECK LIST WATER RECREATION FACILITIES

Food & Community Safety Programs
3629 South D ST – MS: 415
Tacoma WA 98418
P253.798.6460
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www.tpchd.org

Please Print

Name of Facility:		
Site Phone Number:	Fax:	Estimated Opening Date:
Site Address:		Parcel #:
City:	State:	Zip Code:

Owner's Name:		Contact Person:	
Mailing Address:	Phone:	Fax:	
City:	State:	Zip Code:	

Designer (engineer) Name:		Contact Person:	
Mailing Address:	Phone:	Fax:	
City:	State:	Zip Code:	

Pool Builder Name:		Contact Person:	
Mailing Address:	Phone:	Fax:	
City:	State:	Zip Code:	

Architect Name:		Contact Person:	
Mailing Address:	Phone:	Fax:	
City:	State:	Zip Code:	

General Contractor Name:		Contact Person:	
Mailing Address:	Phone:	Fax:	
City:	State:	Zip Code:	

Building Department:		Building Permit #:	
Mailing Address:	Phone:	Fax:	
City:	State:	Zip Code:	

Type of Facility (please check all that apply):

- swimming pool
 spa pool
 wading pool
 spray facility
 other pool

Type of Review:

- new construction
 remodel