

# Water Recreation Facility Application

OFFICE USE ONLY

Plan review     Change of ownership, effective \_\_\_\_\_

## Facility

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parcel Number \_\_\_\_\_

## Owner

Corporation Name \_\_\_\_\_

Individual Name(s) \_\_\_\_\_

UBI Number \_\_\_\_\_ Enclose copy of business license

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Send operating permit, correspondence and invoices to:**     Facility address     Owner address

## Plan Review Contact

 Same as owner

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Pool Builder

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Architect

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**How many pools does the facility have?** Indicate the number of each type.

\_\_\_\_ Seasonal swimming pool    \_\_\_\_ Annual swimming pool    \_\_\_\_ Wading pool    \_\_\_\_ Floatation tank

\_\_\_\_ Seasonal spa    \_\_\_\_ Annual spa    \_\_\_\_ Spray pool

Note: Separate permits are issued for each pool. For example, a facility with a pool and a spa will have two permits.

### Questions?

Call (253) 798-4430

or email

[communitysafety@tpchd.org](mailto:communitysafety@tpchd.org)

### Submitting your application in person?

Applications must be received by 4 p.m.

# Water Recreation Facility Application



**Permit** \_\_\_\_\_

**Hours of Operation**  Annual  
 Open 24 hours everyday  Seasonal

Sun \_\_\_\_\_ to \_\_\_\_\_  
 Mon \_\_\_\_\_ to \_\_\_\_\_  
 Tue \_\_\_\_\_ to \_\_\_\_\_  
 Wed \_\_\_\_\_ to \_\_\_\_\_  
 Thu \_\_\_\_\_ to \_\_\_\_\_  
 Fri \_\_\_\_\_ to \_\_\_\_\_  
 Sat \_\_\_\_\_ to \_\_\_\_\_

**Permit** \_\_\_\_\_

**Hours of Operation**  Annual  
 Open 24 hours everyday  Seasonal

Sun \_\_\_\_\_ to \_\_\_\_\_  
 Mon \_\_\_\_\_ to \_\_\_\_\_  
 Tue \_\_\_\_\_ to \_\_\_\_\_  
 Wed \_\_\_\_\_ to \_\_\_\_\_  
 Thu \_\_\_\_\_ to \_\_\_\_\_  
 Fri \_\_\_\_\_ to \_\_\_\_\_  
 Sat \_\_\_\_\_ to \_\_\_\_\_

**Permit** \_\_\_\_\_

**Hours of Operation**  Annual  
 Open 24 hours everyday  Seasonal

Sun \_\_\_\_\_ to \_\_\_\_\_  
 Mon \_\_\_\_\_ to \_\_\_\_\_  
 Tue \_\_\_\_\_ to \_\_\_\_\_  
 Wed \_\_\_\_\_ to \_\_\_\_\_  
 Thu \_\_\_\_\_ to \_\_\_\_\_  
 Fri \_\_\_\_\_ to \_\_\_\_\_  
 Sat \_\_\_\_\_ to \_\_\_\_\_

**Permit** \_\_\_\_\_

**Hours of Operation**  Annual  
 Open 24 hours everyday  Seasonal

Sun \_\_\_\_\_ to \_\_\_\_\_  
 Mon \_\_\_\_\_ to \_\_\_\_\_  
 Tue \_\_\_\_\_ to \_\_\_\_\_  
 Wed \_\_\_\_\_ to \_\_\_\_\_  
 Thu \_\_\_\_\_ to \_\_\_\_\_  
 Fri \_\_\_\_\_ to \_\_\_\_\_  
 Sat \_\_\_\_\_ to \_\_\_\_\_

**If seasonal, dates of operation** \_\_\_\_\_

Permits expire April 31 each year. Permit renewal invoices are due May 1 each year.  
 A 25% late fee is applied to invoices 1-30 days late. An additional 25% late fee is applied to invoices 31-60 days late.  
 Facilities with an invoice 61 or more days late are subject to closure.

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OFFICE USE ONLY

Permit expires \_\_\_\_\_ Facility ID \_\_\_\_\_

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.