Water Recreation Facility Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

HEALTH DEPARTMENT USE ONLY

Plan review: ❑ New Construction ❑ Floatation Tank ❑ Remodel ❑ Drain Cover Change

❑ 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 permits, correspondence and invoices to: ❑ Facility address ❑ Owner address

Plan Review Contact ❑ Same as owner

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Questions?
Call (253) 649-1713
or email
communitysafety@tpchd.org.

Submitting your application in person?
Applications must be received by 4 p.m.

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

Seasonal swimming pool _____ Annual swimming pool _____ Wading pool _____ Inactive facility ____

Flotation 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.

Project Description Provide a detailed description of the project.

_____

_____

_____

_____

_____

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

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Permit ______________________________

Hours of Operation ❑ Annual ❑ Seasonal

❑ Open 24 hours every day

Sun ____________ to ______________

Mon ____________ to ______________

Tue ____________ to ______________

Wed ____________ to ______________

Thu ____________ to ______________

Fri ____________ to ______________

Sat ____________ to ______________

Permit ______________________________

Hours of Operation ❑ Annual ❑ Seasonal

❑ Open 24 hours every day

Sun ____________ to ______________

Mon ____________ to ______________

Tue ____________ to ______________

Wed ____________ to ______________

Thu ____________ to ______________

Fri ____________ to ______________

Sat ____________ to ______________

Permit ______________________________

Hours of Operation ❑ Annual ❑ Seasonal

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Permit ______________________________

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❑ Open 24 hours every day

Sun ____________ to ______________

Mon ____________ to ______________

Tue ____________ to ______________

Wed ____________ to ______________

Thu ____________ to ______________

Fri ____________ to ______________

Sat ____________ to ______________

If seasonal, dates of operation____

Permits expire April 30 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**______________

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