

## Water Recreation Facility Permit Application

Applicant - Please verify and make any changes necessary to the form below. Form must be completed before permit can be issued.

	Facility name:											
Facility	Physical address:			City:		State:	Zip:					
	Phone#:					Email:						
	Ownership Type:* Individual Partner:			Association	Corporation	Other legal entity:						
	Mailing Address:											
-												
	,											
	,											
Owner	Legal or corporate name:*											
	Address:			City:		State: Email:	Zip:					
	Phone#:		Cell#:									
	* If other than individual owner, include name, title & contact information for at least one legal owner											
Property Mgmt Co.	Property Management Company:											
	Address:			City:		State:	Zip:					
ΖŠ	Phone#: Email:											
Site Mgr.	Manager's Name:											
is ž	Email: Phone#:											
	Name: Operator Type: Contact#:											
Pool Oper.	National Certified Pool/Spa Operator #: Expiration Date:											
Mor	nths open: (e.g. Jan-Dec)											
Days & hours open: Mon-Fri Hours: Sat - Sun Hours: Exceptions:												
Water Disctrict: Method of wastewater disposal:												
Number of apartments, homeowners, condominiums, mobile homes, etc. that use the facility:												
Hours Pool Operator/Manager at the facility (e.g., 8:00am-5:00pm):												
Inspection Contact Cell #:												
Will there be any remodeling or changes in equipment of this facility during the year? Yes No Explain:												

**Note to Permit Applicant:** By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with WAC 246-260 and will allow Spokane Regional Health District (SRHD) access to the establishment and its records as specified in WAC 246-260 and WAC 246-262.

Signature of Permit Applicant

Printed Name

Date

## Please return application with payment to 1101 W College Ave, Room 402, Spokane WA 99201-2095 Make checks payable to Spokane Regional Health District.

Office Only	Permit type:			ID#: Exp. dat		te:	Fee:	
	Reg. #:	Pmt Date:		Check #:	Amount:		Paid by:	
SRHD	Permit issued by:	Issue date:	ssue date: Approv		Approved by:		Approved date:	
SR	☐ Change of ownership ☐ New establishment			Other, specify:				

Spokane Regional Health District | 1101 W College Ave, Room 402, Spokane WA 99201-2095 | 509.324.1560, x4 | TDD 324.1464 | FAX 324.3603 | www.srhd.org