

Environmental Health Services Division

401 Fifth Avenue, Suite 1100
Seattle, WA 98104-1818

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TTY Relay: 711

www.kingcounty.gov/health



WATER RECREATION FACILITY PLAN REVIEW APPLICATION - 2024

Please complete the information below and submit with Plans and a completed *Water Recreation Facilities* checklist to the district office listed below.

CONSTRUCTION PERMIT (check one) **Make checks payable to: SKCDPH**

- ☐ **New Pool Construction**, \$919.20 base fee for the first four hours of service payable at the time of application, plus \$229.80 per hour for service after four hours, payable at the time of final approval.
- ☐ **Renovation**, \$459.60 base fee for the first two hours of service payable at the time of application, plus \$229.80 per hour for service after two hours, payable at the time of final approval.
Renovation includes extensive changes in equipment, piping, barriers, walking surfaces, pool appurtenances, filtration equipment, mechanical equipment or pool structure.
- ☐ **Preoccupancy inspection subsequent to the initial preoccupancy inspection**, \$459.60 base fee for the first two hours of service payable at the time of application, plus \$229.80 per hour for service after two hours, payable at the time of final approval.

LIST ALL PROPOSED CHANGES _____

PROJECT INFORMATION (Check the box of the party to be billed for any time not covered by base fee.)

☐ **Pool Facility Name** _____ email address _____
Pool Facility Site Address _____ City _____ State _____ Zip _____
Mailing Address (if different) _____ City _____ State _____ Zip _____

☐ **Name of Property Owner** _____ Business Name _____
Contact Person _____ email address _____ Phone (____) _____
Owner's Mailing Address _____ City _____ State _____ Zip _____

☐ **Architect/Engineer Name** _____ email address _____
Architect/Engineer Business Name _____ Phone (____) _____
Mailing Address _____ City _____ State _____ Zip _____

☐ **Pool Construction Company Contact** _____ email address _____
Pool Construction Company Business Name _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

Facility Type: ☐ Pool ☐ Spa ☐ Wading Pool ☐ Spray Pool ☐ Water Park ☐ Temporary ☐ Other: _____

Operation Location: ☐ Indoor ☐ Outdoor

Operation Period: ☐ Year-Round ☐ Seasonal Proposed Months of Operation: _____

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OFFICE USE ONLY

Permit Record ID SR _____ PR _____ FA _____ Classification _____

Date Submitted _____ Reviewer _____ AR _____ IN _____

**If you have questions, please contact
plan review:**

DOWNTOWN ENVIRONMENTAL HEALTH
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KCPoolPlans@kingcounty.gov