

Environmental Health Services Division

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Seattle, WA 98104-1818

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TTY Relay: 711

www.kingcounty.gov/health



Request for Water Recreational Plan Review Pre-Submittal Conference Instructions

To request a water recreation plan review pre-submittal conference by completing the pre-submittal conference form that can be downloaded at www.kingcounty.gov/pools under forms and documents. Email completed form to KCPoolPlans@kingcounty.gov.

Complete the request form by providing the following:

Name of future Facility

Type(s) of Facility: Types include pool, spa, wading pool, spray park, water park, and float tank. If discussing more than one type, list all applicable project types.

Conference Requestor information: Include contact information, name, business name, business address, contact phone numbers, and e-mail.

Attendees: List names and e-mail addresses of attendees. Can confirm list once conference date is finalized.

Meeting Request: List date and time preference for meeting. Will be contacted to confirm date and time.

Electronic Meeting Platform: List preferred platform for meeting. Example: Teams or Zoom. The Health Department can only schedule meetings in teams, but can attend meeting in both Teams or Zoom.

Minimum Meeting Duration: List a minimum duration time for the conference, 30- or 60-minute durations are available. All conferences are billed at a base fee of \$229.80 per hour. Payment will be required once request is scheduled for a 30-or 60-minute time slot. Time exceeding the initial 30- or 60-minute time slot will be billed following the conference at a rate of \$229.80 per hour. The requestor will be contacted by one of our permit techs for the initial base fee payment, payments can be made via credit card payment over the phone. Should the requestor need to reschedule the conference date or time, please call 206-263-9556 and request to speak with a plan reviewer.

Request for Water Recreational Plan Review Pre-Submittal Conference Form

Name of Water Recreational Facility

Type(s) of Facility

Conference Requestor's Information

Name

Business name

Business address

Phone number

E-mail

Attendees

Name

Email Address

Meeting Request

Date:

Time:

Electronic Meeting Platform

Meeting Duration

30-minute or 60-minute (minimum)

Billing information if Differs from Conference Requestor's Information

Name

Business name

Business address

Phone number

E-mail

Health Department Use Only, Do Not Write Below This Line

Health Department SR#