

**Environmental Health Services Division**

401 Fifth Avenue, Suite 1100  
Seattle, WA 98104-1818  
**206-263-9566** Fax 206-296-0189  
TTY Relay: 711  
www.kingcounty.gov/health

**WATER RECREATION FACILITY PLAN REVIEW APPLICATION - 2026**

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**, \$1008.00 base fee for the first four hours of service payable at the time of application, plus \$252.00 per hour for service after four hours, payable at the time of final approval.
- Renovation**, \$504.00 base fee for the first two hours of service payable at the time of application, plus \$252.00 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**, \$504.00 base fee for the first two hours of service payable at the time of application, plus \$252.00 per hour for service after two hours, payable at the time of final approval.

**LIST ALL PROPOSED CHANGES**

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**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: \_\_\_\_\_

**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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Seattle, WA 98104  
206.263.9566  
KCPoolPlans@kingcounty.gov