

**GRANT COUNTY HEALTH DISTRICT
1038 W Ivy Ave · (509) 766-7960**

WATER RECREATION FACILITY APPLICATION

PLEASE FILL IN THE CORRECT INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED. PROVIDE EVIDENCE OF HAVING LIABILITY INSURANCE FOR THIS FACILITY AS REQUIRED PER CHAPTER 246-260 WAC.

NAME OF FACILITY _____

FACILITY STREET ADDRESS _____

FACILITY MAILING ADDRESS _____

TOTAL NUMBER OF GALLONS for each pool/spa _____

NAME OF LEGAL OWNERS _____ PHONE # _____

NAME OF MANAGER _____ PHONE # _____

DAYS AND HOURS FACILITY IS OPEN _____

IF SEASONAL, LIST MONTHS YOU ARE OPEN _____

I HAVE ENCLOSED \$ _____ FOR MY WATER RECREATION FACILITY PERMIT.

TOTAL NUMBER OF POOLS _____

TOTAL NUMBER OF SPAS _____

FEE SCHEDULE:

PRE-OPENING (Required for all new facilities, new owners of facilities or new construction)..... **HALF THE NORMAL PERMIT FEE**

FIRST POOL OR SPA (ANNUAL) \$ 425.00

FIRST POOL OR SPA (SEASONAL) \$ 349.00

Each additional pool or spa at the same location \$ 81.00

(15% Reduction for Multiple Pool Enclosures at Same Location with Same Ownership)

LATE FEE OR OPERATING WITHOUT A VALID PERMIT

DOUBLE PERMIT FEE

RE-INSPECTION FEE

HALF THE NORMAL PERMIT FEE

*The permit for facilities open all year should be obtained prior to January 1st. Seasonal operations must obtain the permit to operate before the first day of operation. **Permits are not transferable and expire December 31st.** Multiple permits may be required depending on the total number of pools/spas at one site. \$30.00 of each requested refund of a permit fee will be retained by the Health District for administrative expenses. Failure to provide liability insurance to the Health District will prevent this facility from operating.*

SIGNATURE OF APPLICANT (required): _____

DO NOT WRITE BELOW THIS LINE

Approval Date _____ By _____ Receipt # _____ Date _____ Initial _____

Disapproval Date _____ By _____ Amt. Received _____ Date permit mailed _____