



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 # \_\_\_\_\_

EMAIL \_\_\_\_\_

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 \_\_\_\_\_

See our website for current fee schedule: https://granthealth.org/fee-schedule/

Copies are also available at the front office.

Pre-opening inspection is required for all new facilities, new owners of facilities, or new construction). See fee schedule for current fees.

LATE FEE OR OPERATING WITHOUT A VALID PERMIT DOUBLE 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\*

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Approval Date \_\_\_\_\_ By \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

Disapproval Date \_\_\_\_\_ By \_\_\_\_\_ Amt. Received \_\_\_\_\_ Date permit mailed \_\_\_\_\_