



Skamania County Community Development Department

Building/Fire Marshal ♦ Environmental Health ♦ Planning

Skamania County Courthouse Annex

Post Office Box 1009

Stevenson, Washington 98648

Phone: 509-427-3900 Inspection Line: 509-427-3922

WATER RECREATION (POOL & SPA) PLAN REVIEW AND PERMIT APPLICATION INTAKE CHECKLIST

(This checklist must be completed and submitted with all required documents for the application to be considered complete. Review will not begin on the project until all of the requirements below are submitted.)

STAFF APPLICANT

Complete Water Recreation Plan Review and Permit Application and *non-refundable* fee(s) (payable to Skamania County Treasurer). **Fees are subject to change by resolution of the County Commissioners.**

"Year-Round" Pool or Spa Annual License - \$300

"Seasonal" Pool or Spa Annual License - \$200

Each additional Pool or Spa (added to Annual License fee) - \$100 each

Reviewed by: _____ Complete: Yes _____ No _____ Date: _____

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Water Recreation Plan Review and Permit Application

APPLICATION FOR

- New Establishment Permit Renewal Remodel
 Change of ownership Other

If you have checked *Remodel* or *Other* please describe: _____

FACILITY INFORMATION

Name of Facility: _____

Site Address: _____ City: _____ State: ____ Zip: _____

Tax Lot Number: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

OWNERSHIP INFORMATION

Ownership Status of Establishment: Sole Proprietor Partnership Corporation LLC

List all Owners, Partners, Corporate Officers (attach additional sheets if necessary):

1) _____ 3) _____

2) _____ 4) _____

Business Mailing Address: _____ City: _____ State: ____ Zip: _____

Business Phone Number: _____ Emergency Phone Number: _____

Does the above owner own or operate other water recreation facilities within Skamania County?

If so, please list: _____

If this is a change of ownership:

Date of ownership change: _____

Previous facility name: _____

BILLING INFORMATION

Contact Person(s): _____

Billing Address: _____ City: _____ State: ____ Zip: _____

Billing Phone Number: _____ Billing Fax Number: _____

TYPE OF FACILITY (Check all that apply)

- Health Club Public Facility Hotel/Motel/Resort
 School Apartment/Multi-Family Complex

General Use

Limited Use

Swimming Pool

Attached Wading Pool

Number of Year-Round Pools (used more than 6 consecutive months): _____

Number of Seasonal Pools (used less than 6 consecutive months): _____

Spa

Number of Year-Round Spas (used more than 6 consecutive months): _____

Number of Seasonal Spas (used less than 6 consecutive months): _____

Spray Park

Pool: _____ Gallons Hot Tub: _____ Gallons

Type of Disinfection Used: _____

Type of Filtration Used: _____

Pool has: Skimmers Overflow Gutters Drain Covers

Number of drain covers: _____

Will there be a food service establishment at the water recreation facility: Yes No

NOTICE:

- **To be accepted, the application must be accompanied by the application and plan review fee. All fees are subject to change by resolution of County Commissioners.**
- **Signature of property owner(s)/applicant authorizes Community Development and other agency personnel reasonable access to the site in order to evaluate the application.**
- **The application will be processed as soon as possible. The amount of time to process your application will vary with the workload of this office. Applications are reviewed on a first come, first served basis. You will be notified by mail of the results after completion. Your patience is appreciated.**

The undersigned, as Manager and/or Owner, does hereby make application to operate a Water Recreation Facility in compliance with the rules and regulations of the Washington Administrative Code (WAC) 246-260, and the Local Board of Health. I understand that this permit is NON-TRANSFERABLE to a new owner or to a new location. Please notify the Community Development Department of any pool or spa closure in writing with date of closure or date of intended closure or prior to making changes to the facility.

Property Owner Signature

Date

For Department Use Only:	Date received:
File No.:	Fee: Receipt #: