



CLARK COUNTY PUBLIC HEALTH
1601 E. Fourth Plain Blvd. ♦ PO Box 9825
Vancouver, WA 98666-8825
(360) 397-8428 ♦ Fax (360) 397-8084

POOL & SPA PERMIT APPLICATION FORM

This form must be completely filled out and signed to renew an existing permit

NAME OF FACILITY _____	TODAY'S DATE _____
SITE ADDRESS _____	CITY _____ STATE _____ ZIP _____
FACILITY PHONE NUMBER _____	FAX NUMBER _____
CONTACT NAME _____	EMAIL ADDRESS _____

BUSINESS NAME _____				
OWNERSHIP STATUS OF ABOVE	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> L.L.C.
OWNERS NAME _____				
MAILING ADDRESS _____		CITY _____		STATE _____ ZIP _____
BUSINESS PHONE NUMBER _____		EMERGENCY CONTACT PHONE NUMBER _____		
BILLING ADDRESS _____		CITY _____		STATE _____ ZIP _____
BILLING PHONE NUMBER _____		FAX NUMBER _____		
CONTACT NAME _____		EMAIL ADDRESS _____		

***A copy of the CPO certificate IS REQUIRED to accompany this application for CPO reduced permit fee**

CPO NUMBER _____

OF YEAR-ROUND POOLS _____ CPO CERTIFIED FEE \$490*
(used more than 6 consecutive months) NON-CERTIFIED FEE \$560
 ADDITIONAL POOL (each) \$220

OF YEAR-ROUND SPAS _____ CPO CERTIFIED FEE \$490*
(used more than 6 consecutive months) NON-CERTIFIED FEE \$560
 ADDITIONAL SPA (each) \$220

OF SEASONAL POOLS _____ CPO CERTIFIED FEE \$330*
(used less than 6 consecutive months) NON-CERTIFIED \$420
 ADDITIONAL POOL (each) \$220

OF SEASONAL SPAS _____ CPO CERTIFIED FEE \$330*
(used less than 6 consecutive months) NON-CERTIFIED FEE \$420
 ADDITIONAL POOL (each) \$220

TOTAL DUE: _____

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-REFUNDABLE** and **NON-TRANSFERABLE** to a new owner or a new location. Please notify us of any pool or spa closure in writing, with date of closure or date of intended closure.

APPLICANT'S SIGNATURE _____ **DATE** _____

<i>FOR OFFICE USE ONLY</i>	Total Permit Fee Paid \$	Account ID #
Date Paid:	Invoice #	Received by: