



CLARK COUNTY PUBLIC HEALTH

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PLAN REVIEW APPLICATION FOR POOL & SPA FACILITY

NAME OF FACILITY: _____
SITE ADDRESS: _____
CITY, STATE, ZIP: _____

OWNER'S NAME: _____
OWNER'S MAILING ADDRESS: _____
OWNER'S PHONE: _____

CONTRACTOR'S NAME: _____
CONTRACTOR'S MAILING ADDRESS: _____
PHONE: _____
ENGINEER'S NAME: _____
PHONE: _____

NUMBER OF POOLS: _____ NUMBER OF SPAS: _____
POOL HAS : SKIMMERS OVERFLOW GUTTERS
TYPE OF FACILITY - CHECK ONE
HEALTH CLUB APARTMENT HOTEL/MOTEL
CONDOMINIUM PUBLIC FACILITY SCHOOL

WILL THERE BE A FOOD ESTABLISHMENT AT THE FACILITY? YES NO

APPLICANT'S SIGNATURE:

DATE:

CCPH USE ONLY

ATTACH TO APPLICATION

_____ POOL/SPA CHECKLIST
_____ 2 COPIES OF POOL/SPA PLANS
_____ OTHER

PLAN REVIEW FEE \$ _____

DATE _____

RECEIPT# _____

RECEIVED BY _____