

<p><u>For Official Use Only</u></p> <p>App. Accepted By: _____</p> <p>Permit # _____</p> <p><input type="checkbox"/> Complete Application</p>
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Pool Permit Application 2011-2012

INSTRUCTIONS:

- 1) Complete the following information. Incomplete applications will not be accepted.
- 2) Remit fee with completed application to below address.
- 3) **Make checks payable to: Kittitas County Public Health Department.**
- 4) **For renewal permits: establishment may be subject to late fees if permit is not paid in full before previous permit expiration date.**
- 5) **For annual operating permits not renewed within 7 days after expiration date, a late fee of 20% shall be assessed. For permits not renewed within 21 days after expiration, a late fee of 40% shall be assessed. Operations will be suspended if the annual operating permit renewal is delinquent beyond 35 days.**

Establishment Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Pool Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager/Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**Number of Facilities:** Please write in how many of **each** you have in your facility.

**Seasonal:** (Use 0 – 6 months out of the year)

_____ Pools \$250.00	_____ Wading Pools \$250.00
_____ Spas \$250.00	_____ Spray Pool/Pools \$250.00

**Number of Facilities:** Please write in how many of **each** you have in your facility.

**Year Round:** (Use 6 – 12 months out of the year)

_____ Pools \$350.00	_____ Wading Pools \$350.00
_____ Spas \$350.00	_____ Spray Pool/Pools \$350.00

Amount Due:
\$

Application is hereby made for permit to operate. My signature below denotes intent to comply with all applicable state and local regulations. It is my understanding that the permit is non-transferable, and shall expire on:

**OCTOBER 31, 2012**  
**Fee is non-refundable**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

