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Accepted By:

License #:

Date Processed:

Receipt #:

**WATER RECREATION PERMIT APPLICATION**

Incomplete applications, including applications without the proper documentation, will not be accepted. KCPHD will return incomplete applications to the applicant. All applicable fees may be non-refundable.

For all operating permits or licenses that are renewed after their expiration date, but before 30 days have passed, a late fee of 20% of the annual fee total shall be assessed. After 30 days a 40% late fee of the annual fee total shall be assessed.

Water Recreation Information	
Pool/Spa Name:	
Mailing Address (City, State, Zip):	
Email:	
Phone Number:	
Does the establishment have a pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the establishment have a spa(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the establishment have a wading pool (s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the establishment have a spray pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pool/Spa Season:	
Number of Seasonal Water Bodies ( <b>\$450</b> ):	
Number of Year-Round Water Bodies ( <b>\$450</b> ):	
Pool Operator/Person in Charge (PIC):	
PIC Email:	
PIC Phone:	
Please provide the gate code to access the facility:	
Application is hereby made for a permit to operate. My signature below denotes my intent to comply with all applicable State and local regulations. It is my understanding that the permit is non-transferable and shall expire annually on: October 31 <sup>st</sup>	
Signature:	Date: