



615 Sheridan Street
Port Townsend, WA 98368
www.JeffersonCountyPublicHealth.org

Pool / Spa Application for Permit

Name of Establishment: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

Name of Owner (or Organization): _____

Name of Pool / Spa Manager / Operator: _____

E-mail: _____ Phone: _____

Facility Information

Facility: Indoor / Outdoor # of Spas _____ # of Pools _____

Months operating per year: _____ Daily Schedule: _____

Pool Size (or volume): _____ Spa Size (or Volume): _____

Disinfection Method (chlorine, bromine): _____

Describe Entry Barriers: _____

Signature of Applicant: _____

Date: _____

Prior to construction or remodeling a pool or spa, a plan review is required from the Washington State Department of Health.

Contact

Paul Reeves

Water Recreation Program Manager

Office of Environmental Health and Safety

Washington State Department of Health

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