



# Fee Submittal Form for Water Recreation Facility Permit

The Washington State Department of Health charges a fee for reviewing Water Recreation Facility (WRF) plans and issuing construction permits. The fee rules (WAC 246-260-9901 and WAC 246-262-990) require prepayment for services through base fees which vary depending on the type of WRF. Base fees are due when plans are submitted for review. **Additional fees of \$99 per hour will be charged** for hours of service beyond that provided by the base fee. Fees are due whether or not plans are approved. The construction permit will not be issued until full payment has been received. View the Fee Policy for more information.

**Send this Fee Submittal Form and payment only (no plans or specifications) to:**

WA Department of Health  
Office of Financial Services  
PO Box 1099  
Olympia, WA 98507-1099

Make check payable to **WA DOH Water Recreation**

<b>Owner</b> (must provide owner's contact name for approval documents)*			
Address:		*Owner Contact Name:	Phone:
		E-mail:	Fax:
<b>Facility</b>			
Facility Name and Physical Address:		Contact Name:	Phone:
		E-mail:	Fax:
<b>Name of person or organization requesting plan review and construction permit</b>			
Print:		Signature:	Date:
Enter # of Each	Type of Construction	Base Fee (per pool or feature)	
<b>New Construction</b>			
	Swimming pool with volume 100,000 gallons or more	\$800	
	Swimming pool with volume less than 100,000 gallons	\$400	
	Spa pool	\$400	
	Recirculating spray feature	\$400	
	Wading pool or non-recirculating spray feature	\$200	
	Recreational water park type activity feature (water slide, wave pool, inner tube ride, lazy river, etc.)	\$400	
<b>Alteration, Renovation, or Modification of Existing Facility **</b>			
	Existing pool (swim, spa, wade, spray) regulated by Chapter 246-260 WAC.	\$100	
	Existing recreational water contact facility feature regulated by Chapter 246-262 WAC.	To be billed after review completed	
<b>Total Initial Fee Submitted:</b>			<b>\$ _____</b>

\*\* Review time for alterations, renovations, or modifications of an existing facility typically exceeds 1 hour. Additional review time will be billed at \$99 per hour.



# Plan Submittal Form for Water Recreation Facility Permit

**Send plans and specifications to:**  
**(Do not send fees to this address)**

WA Department of Health  
Water Recreation Program  
243 Israel Rd SE  
Tumwater, WA 98501

<b>Owner</b> (must provide owner's contact name for approval documents)*		
Address:	*Owner Contact Name:	Phone:
	E-mail:	Fax:
<b>Engineer or Architect</b>		
Address:	Contact Name:	Phone:
	E-mail:	Fax:
<b>Building Contractor</b>		
Address:	Contact Name:	Phone:
	E-mail:	Fax:
<b>Facility</b>		
Facility Name and Physical Address:	Contact Name:	Phone:
	E-mail:	Fax:
<b>Building Department Reviewing Construction Plans</b>		
Name:		

*Please be advised that incomplete submittals will delay processing.*

**Plan submittals must include this form and three sets of plans (drawn to scale) with engineer or architect seal and signature and also three sets of specifications, with the following information:**

1. Overall sketch of the pool or feature in relation to surrounding facilities in the area.
2. One or more plan views of the pool.
3. One or more cross sections of the pool through the main drain.
4. Detailed view of equipment layout, mechanical and chemical storage rooms.
5. Pipe schematic showing pipe configuration, pipe size, valves, inlets, main drains, over flow outlets, make-up water, and backwash from the filter.
6. Dimensional drawings of pool bottom and sidewalls.
7. Deck and walking surfaces details demonstrating well drained non-slip surface.
8. Barrier protections (e.g. fencing), noting barrier height, construction of horizontal and vertical members and protections to ensure barrier is not compromised from surrounding outside features.
9. Specifications and cut sheets for all required components (pumps, filters, disinfectant feeders, skimmers, inlets, drains, flow meters, mechanical ventilation, lighting fixtures).
10. Other information requested by the Department of Health.
11. Details described in applicable Plan Details.

