



Yakima Health District

1210 Ahtanum Ridge Drive
 Union Gap, Washington 98903
 Phone (509) 575-4040
 Fax (509) 575-7894
<http://www.yakimahealthdistrict.org>

For Office Use:	
CASE # _____	_____
Date _____	Initial _____
Amt _____	Check# _____
Code _____	Rec# _____

APPLICATION TO OPERATE OR RENEW WATER RECREATION FACILITY

FACILITY NAME _____ CUSTOMER ID # _____

SITE LOCATION

FACILITY/MANAGER INFORMATION		MAILING ADDRESS (If different)	
(Name)		(Name)	
(Address)		(Address)	
(City, State, Zip)		(City, State, Zip)	
Phone: _____	Email Address _____	Phone: _____	Email Address _____
Contact information (if different from above):			
MANAGER IS RESPONSIBLE FOR SENDING IN FEE, COMPLETING APPLICATION, AND MAKING SURE THE PERMIT IS VISIBLY POSTED ON-SITE WHEN RECEIVED			

- Days/Hours of operation: Monday ___ to ___; Tuesday ___ to ___; Wednesday ___ to ___; Thursday ___ to ___; Friday ___ to ___; Saturday ___ to ___; Sunday ___ to ___.
 - Number of pools at the site: Annual _____ Seasonal _____
 - Number of spa pools at the site: Annual _____ Seasonal _____
 - Number of spray pools at the site: Annual _____ Seasonal _____
 - Number of wading pools at the site: Annual _____ Seasonal _____
- My facilities are the same as last year ___yes ___no; If no please contact our EH HELP desk to verify the correct renewal price (509 249-6508) prior to submitting your application and check.

Service and Fees			
Clearly mark your selection in the right column			
Swim Pool Year-Round	\$628	H_HCS_CP002	
Seasonal Swim Pool	\$384	H_HCS_CP003	
Spa Year- Round	\$558	H_HCS_CP005	
Spa Seasonal	\$335	H_HCS_CP004	
Wading Pool Year-Round	\$489	H_HCS_CP007	
Wading Pool Seasonal	\$279	H_HCS_CP006	
Additional Pool or Spa	\$84	H_HCS_CP008	
Other Living Environment (Hourly Rate)	\$130	H_HCS_CP009	
Late Fee	\$50	H_HCS_CP010	

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Yakima Health District to make reviews or inspections required by the permit process. I understand that this application will become part of public record and that any decision made by the Yakima Health District may be appealed provided that the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in delays, permit revocation, and/or additional costs.

Applicant Signature _____

Date _____ revised 122017