

Department of Health and Human Services
Environmental Health Program
 155 N. First Ave, MS 5, Suite 160
 Hillsboro, OR 97124
 Telephone: 503-846-8722 Fax: 503-846-3705
 www.co.washington.or.us/hhs/EnvironmentalHealth



Public Health
 Prevent. Promote. Protect.

PUBLIC POOL LICENSE APPLICATION
Public Swimming Pool, Spa Pool, Wading Pool

This box for office use only.

Facility #:

Facility Name:

Facility Address: (include city, state, zip)

Facility Phone #:

Facility Fax #:

Do you own any other facilities licensed by Environmental Health? ☐ Yes ☐ No Name(s):

Check one: ☐ Swimming Pool ☐ Spa Pool ☐ Wading Pool ☐ Water Feature/Fountain

Check one: ☐ Indoor ☐ Outdoor

Check one: ☐ General Use ☐ Limited Use

Check one: ☐ Year-round ☐ Seasonal

Check one: ☐ New Construction ☐ Existing Facility

Change of Ownership: ☐ No ☐ Yes Previous Owner: _____ Start Date: _____

Management Company:

Corporation/Owner:

Street Address:

Street Address:

City, State, Zip:

City, State, Zip:

Office Phone #:

Office Phone #:

Cell Phone #:

Cell Phone #:

Fax #:

Fax #:

E-mail Address:

E-mail Address:

Homeowner's Association: President:

Cell Phone #:

Where should we send the bill? ☐ Management Company ☐ Corporation/Owner

Where should we send the license/renewal? ☐ Management Company ☐ Corporation/Owner

I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted pursuant thereto, and the requirements of the Building Codes Agency and that the information given in the above application is complete and accurate to the best of my knowledge.

Note: Each application must include fee from the current Fee Schedule. FEE ENCLOSED: _____.

Make check or money order payable to Washington County Environmental Health and mail to address at top of page.

Signature of Applicant or Authorized Representative:

Print Name:

Date:

DO NOT WRITE IN THE SPACE BELOW

Fee Received:

Check#/MO#/CC#:

Receipt #:

Received By:

Date:

Approved? ☐ Yes ☐ No

Remarks: