

**Department of Health and Human Services**  
**Environmental Health Program**  
 155 N. First Ave, MS 5, Suite 170  
 Hillsboro, OR 97124  
 Telephone: 503-846-8722 Fax: 503-846-3705  
 www.washcopools.com



**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: \_\_\_\_\_