



## Water Recreation Facility License Application

### Instructions

**Application:** Submit a separate application for each body of water to the Environmental Health Program via email, mail, fax, or in-person. **We cannot process incomplete applications.**

**Processing fee:** Check/money order (mail or in-person at Environmental Health), credit card (phone or in-person), or cash (in-person). Make checks payable to *Treasurer, Arlington County* and include facility name in memo.

### Application Type (Select ONE)

☐ New Water Recreation Facility    ☐ License Renewal    ☐ Name Change    ☐ Change-of-Owner

License Year: \_\_\_\_\_

### Facility Information

Facility Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: Arlington State: VA Zip: \_\_\_\_\_

### Facility Type and Operation

☐ Year-Round    ☐ Seasonal    Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Facility Type (Select ONE): ☐ Pool    ☐ Spa    ☐ Wading Pool    ☐ Interactive Water Feature    ☐ Water Park

Location: ☐ Indoor    ☐ Outdoor

Disinfectant Type: ☐ Chlorine    ☐ Bromine    ☐ Other: \_\_\_\_\_

Secondary Disinfectant Type (if applicable): ☐ UV    ☐ Ozone    ☐ Copper or silver ions

Filtration Type: \_\_\_\_\_ Bather Load: \_\_\_\_\_ Pool Volume (gallons): \_\_\_\_\_

Hours of Operation:

Monday - Open: \_\_\_\_\_ ☐ a.m. ☐ p.m. Close: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Tuesday - Open: \_\_\_\_\_ ☐ a.m. ☐ p.m. Close: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Wednesday - Open: \_\_\_\_\_ ☐ a.m. ☐ p.m. Close: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Thursday - Open: \_\_\_\_\_ ☐ a.m. ☐ p.m. Close: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Friday - Open: \_\_\_\_\_ ☐ a.m. ☐ p.m. Close: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Saturday - Open: \_\_\_\_\_ ☐ a.m. ☐ p.m. Close: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Sunday - Open: \_\_\_\_\_ ☐ a.m. ☐ p.m. Close: \_\_\_\_\_ ☐ a.m. ☐ p.m.

### Building Management Information

Management Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Billing Address: ☐ Yes ☐ No Preferred Mailing Address: ☐ Yes ☐ No

### Owner Information

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Billing Address: ☐ Yes ☐ No Preferred Mailing Address: ☐ Yes ☐ No

### Billing Information (If different from above)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

### Pool Management Company Information

Pool Management Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

### Certification

By signing below, I attest to the accuracy of the information provided in the application. I agree that I will comply with Arlington County Code, Chapter 24.1 (Water Recreation Facilities Ordinance). I certify that the above-referenced water recreation facility has an anti-entrapment device or system that is secure, operable, in good repair, and complies with the Virginia Graeme Baker Pool and Spa Safety Act.

Owner Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).*

### OFFICE USE ONLY

Receipt #: \_\_\_\_\_ Admin Name: \_\_\_\_\_

Posted: \_\_\_\_\_