

**Water Recreation Facility  
License Application**

**Instructions**

Submit your completed application and processing fee *for each body of water* to the Environmental Health Program. Incomplete applications will NOT be processed.

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

**Application Type (Select ONE)**

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

**Facility Type and Operation**

Year-Round Pool     Seasonal Pool    Opening Date: \_\_\_\_\_

Facility Type (Select ONE):

Main Pool     Wading Pool     Spa Pool     Diving Pool     Interactive Water Feature     Other

Hours of Operation (specify a.m. or p.m.):

Monday-Friday Open: \_\_\_\_\_ Close: \_\_\_\_\_    Saturday and Sunday Open: \_\_\_\_\_ Close: \_\_\_\_\_

**Facility Information**

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

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

**Corporation Information**

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

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

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

**Owner Information**

Owner 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 this statement, I attest to the accuracy of the information provided in the application and that I will comply with the Water Recreation Facilities Ordinance, Chapter 24.1, of the Arlington County Code. 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 Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

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

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