

Application Checklist – Swimming Pool / Hot Tub



Private Access Roads or Lanes – Shall be constructed to current Franklin County Design Standards

- For more information, please contact Franklin County Public Works Department, 3416 N. Stearman Ave, Pasco, WA 99301 (509-545-3514), or visit <https://www.franklincountywa.gov/DocumentCenter/View/1240/Design-Standards-PDF>

DISCLAIMERS:

- ❖ Additional items may be required if requested by staff.
- ❖ The Franklin County Planning and Building Department has adopted an “all or nothing” policy regarding building permit applications. If an item is missing, your application will be denied.
- ❖ Once all material in the checklist has been submitted to our office, staff will conduct a “determination of completeness” review of an application. If deemed complete, the application will start the official review process.
- ❖ Applications are reviewed as they come in. Our office does not expedite building permit applications.

If you have any questions, please feel free to contact the Planning and Building Department at (509) 545-3521 or email:

PlanningInquiry@FranklinCountyWA.gov

or

PermitSubmittal@FranklinCountyWA.gov.



BUILDING PERMIT APPLICATION -- SWIMMING POOL / HOT TUB

Permit #: _____

**** All applicaton items in BOLD must be completed ****

Incomplete applications will be denied.

S T A M P

Submit completed application to: PermitSubmittal@FranklinCountyWA.gov

Site Address _____ City _____ State _____ Zip Code _____

Parcel Number _____ Legal Description _____

Building Owner _____ Mailing Address _____ City, State _____ Zip Code _____ Phone # _____

Property Owner _____ Mailing Address _____ City, State _____ Zip Code _____ Phone # _____

Contractor _____ Business Address _____ City, State _____ Zip Code _____ Phone # _____

Email Address _____ UBI Number _____ WA State Contractor License # _____ Expiration Date _____

Engineer/Architect/Designer _____ Email Address _____ Phone # _____

If the parcel is less than one (1) acre, an "On-Site Sewage Evaluation" shall be required. Please contact the Benton-Franklin Health District at 509-460-4200 for more information. **Valuation of Project**

Swimming Pool Section:
Swimming Pool Type: Fiberglass Kit Gunite (*Gunite requires engineering and must be stamped by WA State engineer*)
Location: Rear Yard Side Yard **Auto Cover:** No Yes (*If "yes," must meet ASTM #1436-91 standards*)
Pool Size: _____ sq. ft. **Style:** Below Ground Above Ground* ***Requires a permit if more than two (2) feet deep.**
Accessory Attachment: No Yes »» If "Yes," please select: **Diving Board** **Slide** **Other** _____
Pool Heat: None Electric LPG Natural Gas **Model #:** _____
Please provide manufacturer's specifications & installation instructions for the following: kit or fiberglass pool, auto cover, pool heat source, and the selected model of diving board, slide, or other accessory.

Hot Tub / Spa Section: Installing: No Yes (*please complete section below*)
Hot Tub / Spa Type: Factory Built Gunite (*Gunite requires engineering and must be stamped by WA State engineer*)
Location: Rear Yard Side Yard **Hot Tub / Spa Size:** _____ sq. ft. **Locking Top:** No Yes
Style: Below Ground Above Ground* »» ***Requires a permit if hot tub / spa is more than two (2) feet deep.**
Please provide manufacturer's specifications & installation instructions for the selected above ground model or the specific factory built model.

After review of your plans, the Building Department may have comments or requests for additional information that are required prior to issuance of your building permit. Please provide the preferred method of contact below.

Please mark the preferred method of contact, provide the necessary information, and print clearly.

- E-Mail Address (Contractor): _____
- E-Mail Address (Owner): _____
- E-mail Address (Other): _____



CONTRACTOR INFORMATION SHEET

Permit #: _____

Application will be denied if not fully complete.

Please provide the necessary information for each contractor and sub-contractor to the fullest extent possible.

Notify the Planning & Building Department of any change of contractor or sub-contractor.

Required with every permit application

S T A M P

Registration of Business Required per Franklin County Code Ch. 5.04.020.

A. Business registration is required for conformance with local and/or state laws. In the course of regulating businesses and occupation under its authority, Franklin County may require businesses and occupations affected with a public interest to obtain a business registration.

B. Where the ordinances of the County require a registration or fee for the conduct of any business, occupation or activity, no person shall engage in such business, occupation, or activity within the unincorporated areas of Franklin County unless said person has a valid county business registration.

Property Owner: _____

APPROVED BY:

Jobsite Address/Parcel Number: _____

Pool Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Concrete / Flatwork Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Plumbing Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Electrical Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Contractor Notes/Additional Comments: _____

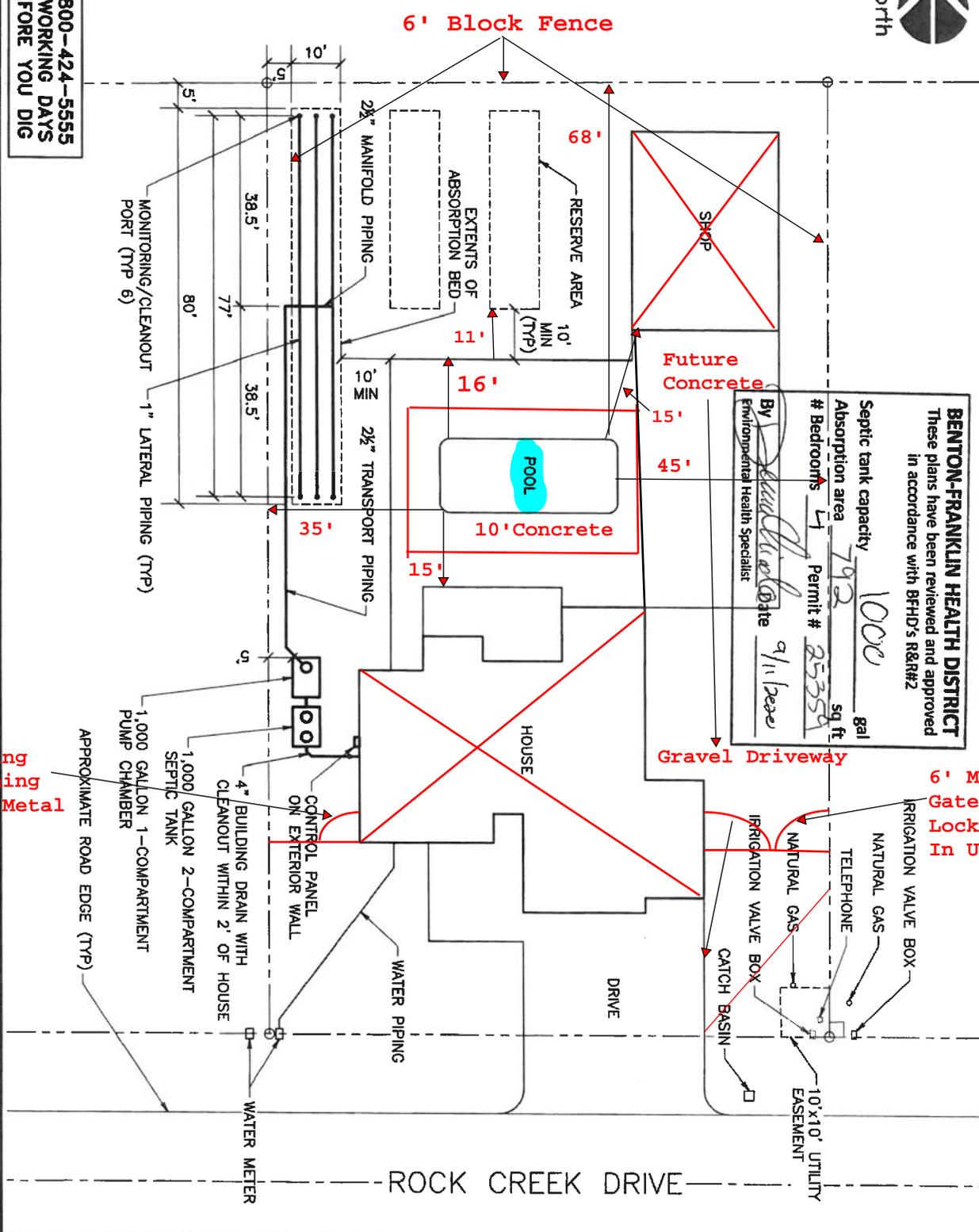
OFFICE NOTES: _____

Site Plan Sample



**1-800-424-5555
2 WORKING DAYS
BEFORE YOU DIG**

SITE PLAN



**Self Closing
Self Latching
6' Single Metal
Gate**

**6' Metal Utility
Gates To Remain
Locked When Not
In Use**

BENTON-FRANKLIN HEALTH DISTRICT
These plans have been reviewed and approved
in accordance with BFHD's R&R#2

Septic tank capacity **1000** gal
Absorption area **792** sq ft
Bedrooms **4** Permit # **25359**

By *Richard D. Routh* Environmental Health Specialist
Date **9/11/2020**

SCALE: 1"=20'

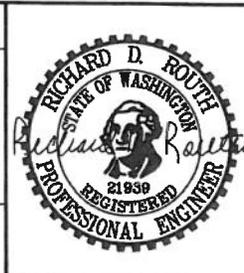
CADFILE: 2110M01A

DATE:	8/29/20
DRAWN:	RDR
SCALE:	SHOWN
PROJECT NO.:	2110
SHEET:	M1

R Routh Consulting Engineers, Inc.
P.O. Box 3187 Pasco, WA 99302
509-547-8262 509-542-0650 FAX

RESIDENCE
Pasco, Washington
ONSITE SEWAGE SYSTEM

NO.	REVISIONS	DATE





Benton-Franklin Health District
Environmental Health Division
 7102 W. Okanogan Place • Kennewick, WA 99336
 (509) 460-4205 or (800) 814-4323
 www.bfhd.wa.gov

For Office Use Only	
ACCT. #	0322-5030
HSP #	CCAO-CKSVE8

Existing On-Site Sewage System Evaluation Report

SECTION 1: INFORMATION ABOUT THE PROPERTY		
Date of Application 10-26-2022	EXAMPLE	Domestic Water Source <input checked="" type="checkbox"/> Single Family Well <input type="checkbox"/> Public Water Supply
Site Address Ricky Road		Name of Public Supply:
Tax Parcel Identification Number	Lot Number	Block Number
Legal Description of Parcel/Subdivision DREAM VIEW ESTATES		
SECTION 2: APPLICANT INFORMATION		
Applicant Name		Daytime Phone
Current Mailing Address Ricky Road	City Pasco	Zip Code 99301
e-mail address: @gmail.com	Home Phone	Cell Phone
SECTION 3: PURPOSE OF REVIEW		
<input type="checkbox"/> New Single Family Home	<input type="checkbox"/> Change or Additional Use	<input type="checkbox"/> Accessory Building (Shop, Garage, Shed)
<input type="checkbox"/> Addition to Existing Home	<input type="checkbox"/> Childcare - Number of Children =	<input type="checkbox"/> Title Elimination
<input checked="" type="checkbox"/> Swimming Pool or Spa	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Other Specify:
SECTION 4: APPLICANT SUPPLIED DETAILS-VERIFIED BY BFHD		
Type of Existing Structure: <input checked="" type="checkbox"/> Site Built <input type="checkbox"/> Pre-Manufactured	Property size: 1.0 <input checked="" type="checkbox"/> acres <input type="checkbox"/> square feet	
Number of Employees/Patrons/Residents: 2	Total Number of Bedrooms/Gallons Per Day: 4	
<input checked="" type="checkbox"/> Garbage Disposal	<input checked="" type="checkbox"/> Water Softener	<input type="checkbox"/> Basement <input type="checkbox"/> Plumbing Present in Basement
Approximate Age of On-site System: 18 yrs.	Septic Tank Size: 1000 Gal.	Drainfield Size: 660 Sq. ft
Date of Septic Tank Pumping: 11-10-22	Pumper: Bison Septic	Contact Number: 509 554-6570
SECTION 6: FOR OFFICE USE ONLY		
<input checked="" type="checkbox"/> System Records	<input checked="" type="checkbox"/> As-built drawing	<input checked="" type="checkbox"/> OSS Permit # 17674
Install Date: 4-11-05	Installer: Rada INC.	<input checked="" type="checkbox"/> Baffles present
<input checked="" type="checkbox"/> Tank water tight	<input checked="" type="checkbox"/> Tank lids sound	<input checked="" type="checkbox"/> Wastewater strength
<input checked="" type="checkbox"/> Replacement area	<input checked="" type="checkbox"/> Setbacks maintained	<input checked="" type="checkbox"/> OSS sized for proposal
<input checked="" type="checkbox"/> System functioning	<input checked="" type="checkbox"/> Proposal compliant	<input checked="" type="checkbox"/> Detailed site plan attached
Comments: Continued use of the on-site septic system is deemed appropriate for the existing single-family residence up to 4 bedrooms with the addition of a Swimming Pool 20' X 40' and Spa 8' X 8' as shown on the site plan stamped "Reviewed "by this department.		
EXAMPLE		

Amy D. Person 11-15-2022
 Environmental Health Specialist Date

Amy D. Person, M.D.
 District Health Officer