



FRANKLIN COUNTY

PLANNING AND BUILDING DEPARTMENT

Pool Application and Site Plan Requirements and Checklist

Application Form Must Be Filled Out Completely.

1. Franklin County Permit Application to include:
 - a. Above or below ground and square footage.
 - b. Location of pool. Side or back yard?
 - c. Valuation of project.
 - d. Is there a diving board?
 - i. If yes, provide manufacturers installation instructions and pool type from manufacturer indicating that the pool is designed for a diving board.
 - e. Is the pool heated?
 - i. If yes, is it gas or electric?
 - ii. Provide manufacturers installation instructions for heater.
2. Site Plan that includes:
 - a. Height of fence.
 - b. Location of fence.
 - c. Location of all gates. Single gates must say "self-closing/self-latching" and double utility gates must say "gates to remain locked when not in use" on the site plan.
 - d. Type of material to be used for fence and gates.
 - e. Location of all structures, distance from all structures to pool's water edge, including patio posts (minimum 10' or engineering required).
 - f. Location of all property lines, street name(s) and compass direction. Distance from water's edge to all property lines.
 - g. Location of water lines. Location of well and 100' radius if a well is located on the property.
 - h. Location of driveway drawn on plot plan and labeled.
 - i. Location of septic tank, drain field and reserve drain field.
 - j. Distance from tank to house, distance from tank, drain field and reserve area to water's edge (minimum 10' from pool deck).
 - k. Concrete decking around pool must be drawn in with dimensions from decking edge to septic drain line (minimum 10' from deck edge to septic drain line).

3. On-Site Sewage Evaluation or stamped approval letter from Benton-Franklin Health Department if less than 1 acre.
4. Engineered plans for Gunitite pools.
5. Manufacturer's installation instructions for kit or fiberglass pools.
6. Approach permit required from Public Works Department.



FRANKLIN COUNTY

PLANNING AND BUILDING DEPARTMENT

502 Boeing St. Pasco, WA 99301

PH: (509) 545-3521

Email: planninginquiry@franklincountywa.gov

APPLICATION FOR SWIMMING POOL PERMIT

DATE: _____	PERMIT # _____
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LOCATION ADDRESS: _____	PARCEL # _____
SWIMMING POOL INFORMATION:	
ABOVE GROUND _____	INGROUND _____
SIZE OF POOL _____ Sq Ft	
LOCATION OF POOL: SIDE YARD _____ REAR YARD _____	
DIVING BOARD: YES _____ NO _____	
VALUE OF PROJECT: \$ _____	
POOL TYPE: GUNITE _____ FIBERGLASS _____ KIT _____ ENGINEERED _____	
POOL HEAT: ELECTRIC _____ GAS _____ NONE _____	
HOT TUB INFORMATION:	
ABOVE GROUND _____ INGROUND _____ NONE _____	

CONTRACTOR: _____	EMAIL: _____
ADDRESS: _____	
CITY: _____	
STATE: _____	PHONE: _____
ZIP _____	

PROPERTY OWNER: _____	EMAIL: _____
ADDRESS: _____	
CITY: _____	
STATE: _____	PHONE: _____
TENANT NAME: _____	TENANT PHONE: _____

PLOT PLAN REQUIREMENTS:

Applicant must provide a survey or legible hand drawn plot plan, drawn to scale and showing all property pins, lot lines, building locations, streets with names, compass direction, fence locations with height and material type, single gates must indicate "self-closing/self-latching", double gates must indicate "locked when not in use", location of well with 100' radius and/or location of water line, location of septic tank, drain field and reserve area. Location of driveway drawn on plot plan and labeled. See checklist for a list of requirements.

SIGNATURE: _____
Applicant, Agent, Owner

The applicant, agent, owner of this property and the undersigned is/does (1) agree to conform to applicable ordinances of Franklin County, (2) Responsible to verify all property lines, (3) Responsible for making arrangements for all inspections.

CALL BEFORE YOU DIG - Dial 811

CONTRACTOR LICENSE INFORMATION:	
WA State License # _____	Exp Date _____
Franklin County Business License # _____	Exp Date _____
Property Owner Install _____	

APPROVED _____	DENIED _____
ISSUED BY _____	Date _____



CONTRACTOR INFORMATION SHEET

Permit #: _____

Applications 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: _____

General Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Excavation Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Footings & Foundation 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: _____

Continued on next pages >>>>

HVAC Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Framing Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Roofing Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Masonry Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Insulation Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Drywall Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Painting Contractor**

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____**Interior Flooring 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: _____

Landscaping Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Septic System Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Well Driller Contractor

County Business License #: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

Office Review: _____

Contractor Notes/Additional Comments: _____

OFFICE NOTES: _____

