



Water Recreation Facility License Application

2025

Instructions

Application: Submit a separate application for **each body of water** to the Environmental Health Program via email, mail, fax, or in-person. **We are unable to process incomplete applications.**

Processing fee: Submit check or money order to the Environmental Health Program by mail or in-person. Make payable to *Treasurer, Arlington County* and include facility name in "for/memo" section. You may pay by credit card over the phone.

Application Type (Select ONE)

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

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: _____

Filtration Type: _____

Bather Load: _____

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: _____