

Skagit County Public Health
301 Valley Mall Way STE 110
Mount Vernon, WA 98273
Phone: 360-416-1500 FAX: 360-416-1501
<http://www.skagitcounty.net/health>
EH@co.skagit.wa.us



Establishment ID: _____
Fee: _____ Invoice #: _____
Date: _____ Rcvd by: _____

LIVING ENVIRONMENT APPLICATION

☐ Campground ☐ Mobile Home Park ☐ Youth Camp

Name of Facility: _____ UBI#: _____

Operator (Person's name responsible for day-to-day operation): _____

Legal Owner: _____

Facility Address: _____
City State Zip Code

Mailing Address: _____
City State Zip Code

Phone Numbers: _____ E-mail: _____
Daytime Evening Other

Public Water System Name/PWSID: _____

☐ Open Year Round **OR** ☐ Seasonal **Months Open** _____ to _____

Days Open (check all that apply) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Maximum Occupancy of facility: _____

of toilets: _____ # of showers: _____ # of hand sinks: _____

Wastewater – select **ONE**:

- ☐ Municipal Sewer
☐ Large On-site Sewage System (LOSS)
☐ 5 or fewer On-Site Systems
☐ 6-25 On-Site Systems
☐ >25 On-Site Systems

Date of last OSS inspection: _____

I certify that the information provided is accurate and correct. I agree to comply with Washington State and Skagit County Environmental Public Health and other applicable regulations regarding the above-named facility. I agree to provide access to the facility and records as required by code.

Signature: _____ Date: _____

Return permit application with invoice and payment. Fees assessed per current Schedule of Charges.