



KING COUNTY DDES
 Department of Development and Environmental Services
 35030 SE Douglas Street, #210
 Snoqualmie, WA 98056

This certificate provides the Seattle King County Department of Public Health and the Department of Development and Environmental Services with information necessary to evaluate development proposals.

KING COUNTY CERTIFICATE OF SEWER AVAILABILITY

Do not write in this box

Number	Name
--------	------

- | | |
|--|--|
| <input type="checkbox"/> Building Permit
<input type="checkbox"/> Short Subdivision | <input type="checkbox"/> Preliminary Plat of PUD
<input type="checkbox"/> Rezone or other _____ |
|--|--|

APPLICANT'S NAME _____

PROPOSED USE _____

LOCATION _____

P.I.N.#: _____

(Attach map and legal description if necessary)

Sewer Agency Information:

1. a. Sewer service will be provided by side sewer connection only to an existing _____ size sewer _____ feet from the site and the sewer system has the capacity to serve the proposed use.
 OR
 b. Sewer service will require an improvement to the sewer system of:
 - (1) _____ feet of sewer trunk or lateral to reach the site; and/or
 - (2) the construction of a collection system on the site; and/or
 - (3) other (describe) A developer extension agreement is required for this project that will necessitate an extension or refurbishment of the District's infrastructure.

2. a. The sewer system improvement is in conformance with a County approved Sewer comprehensive plan.
 OR
 b. The sewer system improvement will require a sewer comprehensive plan amendment.

3. a. The proposed project is within the corporate limits of the district, or has been granted Boundary Review Board approval for extension of service outside the district or city.
 OR
 b. Annexation or Boundary Review Board BRB approval will be necessary to provide service.

4. Service is subject to the following:
 - a. Connection charge: _____
 - b. Easement(s): _____
 - c. Other: _____

I hereby certify that the above sewer agency information is true. This certification shall be valid for one year from the date of signature.

Woodinville Water District
 Agency Name

 Signatory Name

General Manager
 Title

 Signature Date

(See Reverse Side)

**ATTACHMENT TO
WOODINVILLE CERTIFICATE OF SEWER AVAILABILITY
WOODINVILLE WATER DISTRICT**

The following terms and conditions apply to the Woodinville Certificate of Availability.

1. This Certificate of Sewer Availability is valid only for the real property referenced herein, which is in the District's service area, for the sole purpose of submission to the Woodinville Building and Land Department and/or the Seattle/King County Department of Public Health. This Certificate is between the District and the applicant only, and shall not be assigned or transferred by any party without the prior express written consent of the parties, such consent not to be unreasonably withheld. Further, no third person or party shall have any rights hereunder whether by agency or as a third party beneficiary or otherwise.
2. This District makes no representations, express or implied, that the applicant will be able to obtain the necessary permits, approvals, and authorizations from Woodinville or any other governmental agency necessary before applicant can utilize service which is the subject of this Certificate.
3. As of the date of the issuance of this Certificate, the District has sewer available to provide such utility service to the property which is the subject of this Certificate, and the utility systems exists or may be extended by the applicant to provide service to such property. However, service at a level consistent with the sewer system plan of the District and meeting the District's standards may require improvements to the District's sewer system. The issuance of this Certificate creates no contractual relationship between the District and the applicant, and the issuance of this Certificate may not be relied upon and does not constitute the District's guarantee that sewer will be available at the time the applicant may apply to the District for such service.
4. Application for and the possible provision of District utility service to the property which is the subject of this Certificate shall be subject to and conditioned upon the availability of sewer service to the property at the time of such application, as well as all federal, state, and District laws, ordinances, policies, and regulations in effect at the time of such application for utility service.
5. Comments specific to properties/project:

Date

Signature acknowledges receipt and understanding of Sewer Availability Certificate and attachment.



WOODINVILLE WATER DISTRICT

17238 NE Woodinville-Duvall Road

Woodinville, WA 98072

Phone: (425) 487-4100

www.woodinvillewater.com

WATER AND SEWER AVAILABILITY QUESTIONNAIRE

Date: _____ Grid _____ Map Page _____

Property Address: _____ PIN: _____

Property Owners Name: _____

Who should we contact when the certificate is complete?

Name: _____ Phone: _____

Mailing Address: _____ City: _____

Fax: _____ Email Address: _____

1. Relation of Applicant to property: (check one)

Property Owner Owner Representative Other (specify): _____

2. Certificate Status:

New Certificate Certificate Renewals your request for: (Check One)
 Sewer Water Both

3. Does the property have water service currently?

Yes (metered) Yes (Well) No
If "yes", is there a backflow assembly located behind the meter? Yes No

4. Will the building require a fire sprinkler system?

Yes No Don't know

5. Reason for request: (Check One)

Existing single family lot has/needs (check those that apply):

Failing Septic Addition or Remodel (total sq. ft. after remodel _____ s.f.)
 Septic Design Failing Well
 Other (specify): _____

New Construction on existing lot is: (Check One)

Single Family, Duplex Mother-in-Law Other (specify): _____

Square Footage of Home: _____ s.f.

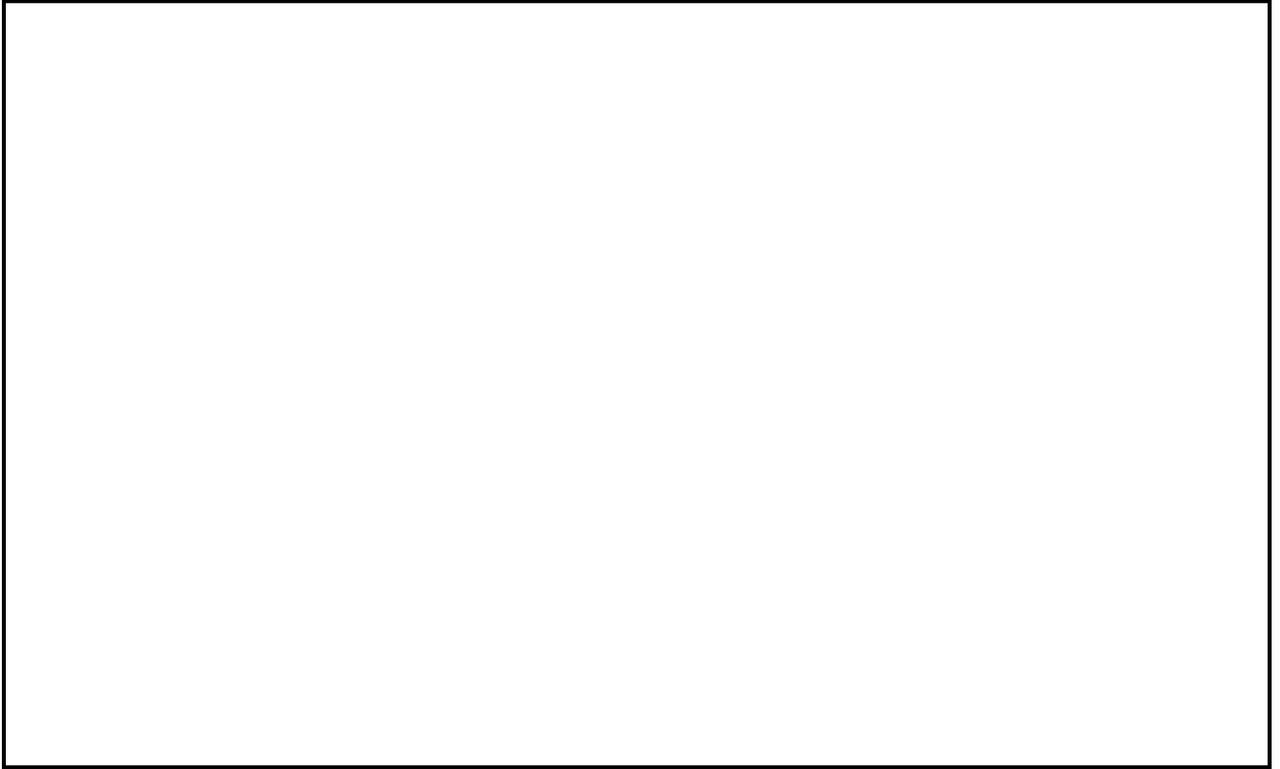
Proposed Development is: (Check One)

Commercial Multi-Family (# of units _____) Industrial

Plat - # of Lots _____ Short Plat - # of Lots _____

Other (specify _____)

6. Please provide a sketch showing the distance to the house from each property line. You may attach a site plan or use the designated space below. The distances can be approximate, but be as accurate as possible.

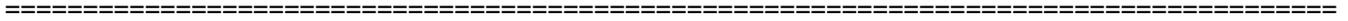


Date: _____

Applicant Signature: _____

Print Name: _____

(To be filled out by District staff upon receipt)



Date: _____

Taken in by: _____

Reviewed By: _____

Date Received: _____

Time of Day: _____

Contacted for Pickup:

Date: _____

By: _____