

CITY OF WOODINVILLE  
17301 133 Ave NE  
Woodinville WA 98072  
425-489-2700

This certificate provides the  
Building and Fire Departments  
with information necessary for  
permit approvals

QTR \_\_\_\_\_  
SEC \_\_\_\_\_  
TWP \_\_\_\_\_  
RG \_\_\_\_\_  
Book \_\_\_\_\_  
Pg \_\_\_\_\_

## CERTIFICATE OF SEWER AVAILABILITY

Do not write in this box	
Number _____	Name _____

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

APPLICANT'S NAME \_\_\_\_\_

PROPOSED USE \_\_\_\_\_

LOCATION \_\_\_\_\_

P.I.N.#: \_\_\_\_\_

(Attach map & legal description if necessary)

### SEWER PURVEYOR 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 or City 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 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

\_\_\_\_\_  
Signatory Date

(See Reverse Side)

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

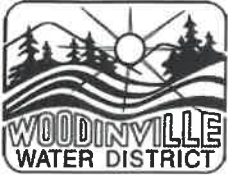
The following terms and conditions apply to the Woodinville Certificate of Availability.

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](http://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: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ 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)

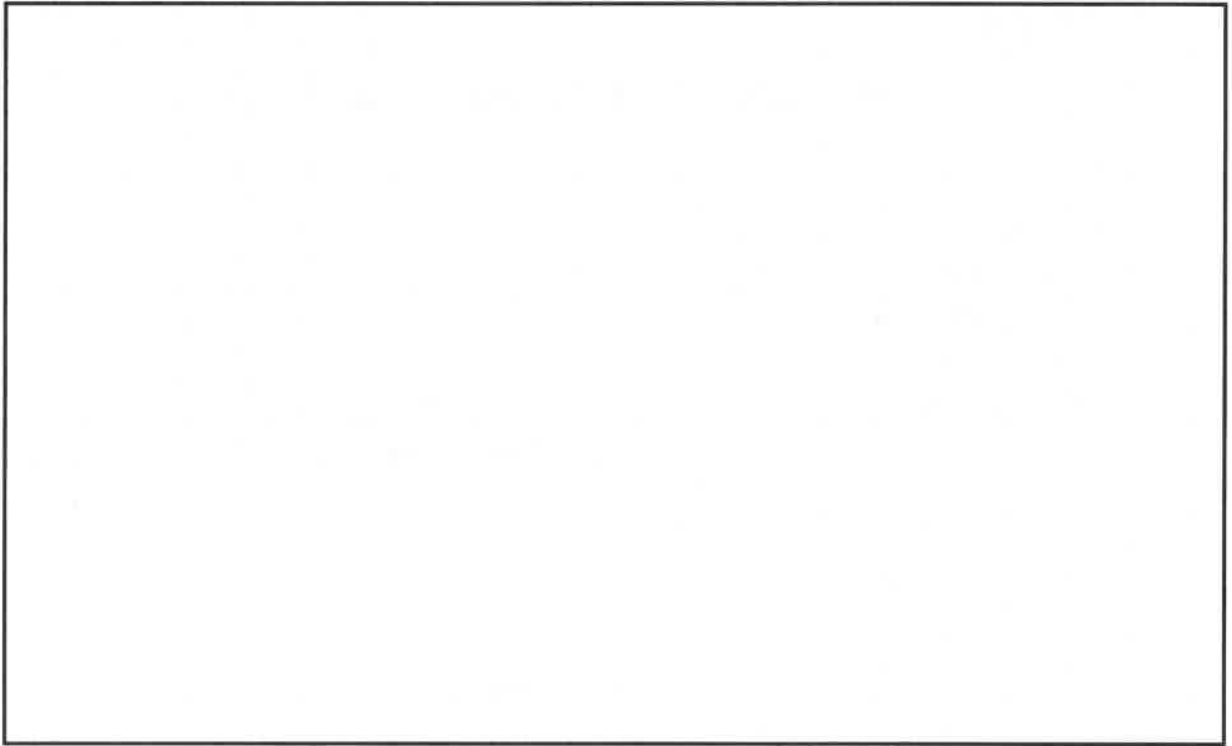
Commercial \_\_\_\_\_ Square Footage of Commercial  
\_\_\_\_\_ # of Acreage for this project

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: \_\_\_\_\_