

CITY OF WOODINVILLE
Submit Application to:
 Woodinville Water District
 17238 NE Woodinville Duvall Road
 Woodinville, WA 98072

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

QTR _____
SEC _____
TWP _____
RG _____

CERTIFICATE OF WATER AVAILABILITY

Do not write in this box

Number _____

Name _____

- Building Permit Preliminary Plat of PUD
 Short Subdivision Rezone or other _____

APPLICANT'S NAME _____

PROPOSED USE _____

LOCATION _____ PIN: _____

(Attach map & legal description if necessary)

WATER PURVEYOR INFORMATION

1. a. Water will be provided by service connection only to an existing _____ water main _____ feet from the site.
 OR
 b. Water service will require an improvement to the water system of:
 (1) _____ feet of water main to reach the site; and/or
 (2) the construction of a distribution 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 water system is in conformance with a County approved water comprehensive plan.
 OR
 b. The water system improvement will require a water 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 is within the County approved service area of private water purveyor.
 OR
 b. Annexation or BRB approval will be necessary to provide service.
4. a. Water is/or will be available at the rate of flow and duration indicated below at no less than 20 psi measured at the nearest fire hydrant _____ feet from the building/property (or as marked on the attached map):
- | Rate of Flow | Duration |
|--|--|
| <input type="checkbox"/> less than 500 gpm (approx. _____ gpm) | <input type="checkbox"/> less than 1 hour |
| <input type="checkbox"/> 500 to 999 gpm | <input type="checkbox"/> 1 hour to 2 hours |
| <input type="checkbox"/> 1,000 gpm or more | <input type="checkbox"/> 2 hours or more |
| <input type="checkbox"/> calculation of _____ gpm (Commercial Building Permits require flow test or calculation) | |
| <input type="checkbox"/> Flow test of _____ | |
- OR
 b. Water system is not capable of providing fire flow.
5. a. Water system has certificates of water right or water right claims sufficient to provide service.
 OR
 b. Water system does not currently have necessary water rights or water right claims.

COMMENTS/CONDITIONS _____

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

Woodinville Water District _____
 Agency Name
 General Manager _____
 Title

 Signatory Name

 Signature Date

(See Reverse Side)

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

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

1. This Certificate of Water 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.

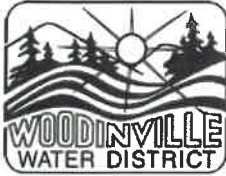
3. As of the date of the issuance of this Certificate, the District has water available to provide such utility service to the property which is the subject of this Certificate, and the utility systems exists or may be extended by the applicant to provide service to such property. However, service at a level consistent with the water system plan of the District and meeting the District's standards may require improvements to the District's water 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 water 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 water 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 Water 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: _____

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: _____