



SIDE SEWER REPAIR, SEWER CAP OR REPLACEMENT APPLICATION

Site Address:	
City/State:	Zip:
Parcel Number:	
Property Owner's Name:	
Address:	
City/State:	Zip:
Phone:	Email:
Tenant's Name:	
Address:	
City/State:	Zip:
Phone:	Email:
Contractor's Name:	
Address:	
City/State:	Zip:
Phone:	Email:
Labor & Industries License/Exp. Date:	City License:
Occupancy Use (check all that apply):	
<input type="checkbox"/> Single-Family	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Office	
<input type="checkbox"/> Retail	<input type="checkbox"/> Church
<input type="checkbox"/> Restaurant	
<input type="checkbox"/> School	<input type="checkbox"/> Storage
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other (describe):
By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities.	
Signature of Owner/Agent	Date
Project Contact	Telephone Number

APPLICATION CHECKLIST:	
No. to be Submitted:	Item Description:
1	Application
2	Site Plan
2	Construction Plans
	Right-of-Way Application
	Other
TYPE OF PERMIT (check all that apply):	
<input type="checkbox"/> Residential	<input type="checkbox"/> Repair
<input type="checkbox"/> Non-Residential	<input type="checkbox"/> Replace
<input type="checkbox"/> Other (describe):	
STAFF NOTES: (CONDITIONS/COMMENTS)	
PERMIT FEES:	
Repair/Cap:	
Replace:	
Right-of-Way:	
Other:	
Total Fees:	
(for new side sewer connections, route to Finance)	

Notes:

- 1) You must have a licensed contractor to work in the right-of-way; and,
- 2) As-Builts will be required before this permit can be finalized.