

CONSTRUCTION CLEARANCE FOR CITIES

REQUEST FOR A HEALTH DISTRICT CONSTRUCTION CLEARANCE AND/OR WATER SUPPLY COMMENT

PROPERTY TAX ACCOUNT NUMBER:		CITY OF: _____	
SITE ADDRESS:		NAME OF REVIEWER:	
SITE CITY:		SEC 63/GMA Compliance Required? YES _____ NO _____	
SP #/Plat Name:		FILE #:	
Sec: Twp: Rg:	Site Legal Description and Lot #:		
OWNERS NAME:		PHONE:	
MAIL ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE:	
MAIL ADDRESS:	CITY:	STATE:	ZIP:

IS SEPTIC SYSTEM / DRAINFIELD: INSTALLED/EXISTING* PROPOSED NOT APPLICABLE

*If installed/existing, approximate year of installation _____

Has a new onsite sewage disposal system application been made to the Snohomish Health District in conjunction with this proposed building project? _____ YES _____ NO

INDICATE SOURCE OF WATER: INDIVIDUAL WATER SUPPLY PUBLIC WATER SYSTEM

Has an individual water supply application been made to the Snohomish Health District in conjunction with this building project? _____ YES _____ NO

Explain building project and its use (SFR, addition, shed, etc.): _____

Is plumbing for any structures: EXISTING PROPOSED BOTH EXISTING & PROPOSED

Indicate total number of **bedrooms** before and after construction: BEFORE: _____ / AFTER: _____

ATTACH A COPY OF PLOT PLAN - 8 1/2" x 11" minimum showing:

- | | |
|--|---|
| 1. Dimensions of Property Lines. | 4. Location of Septic Tank and Drainfield, if known. |
| 2. Dimensions of Existing Structures and their distances from Lot Lines. | 5. Roads, Easements, Driveways, Parking and Pavement Areas. |
| 3. Dimensions & Description of Proposed Construction. | 6. Location of Water Well. |
| | 7. North Arrow. |

NOTICE: A REVIEW FEE MAY BE PAYABLE UPON ISSUANCE OF THE BUILDING PERMIT

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR HEALTH DISTRICT USE ONLY

WATER SUPPLY INFORMATION: (If Required By Building Department) \$100 GMA Drinking Water Determination Fee

Appears to be consistent with recommendations contained in "Guidelines for Determining Water Availability for New Buildings", issued April, 1993 as per Section 63 of Growth Management Act (GMA).

Does not appear to be consistent with recommendations contained in "Guidelines for Determining Water Availability for New Buildings", issued April, 1993 as per Section 63 Growth Management Act (**see attached sheet for deficiencies**).

ONSITE SEWAGE DISPOSAL SYSTEM:

\$185 Review Fee

APPROVED DISAPPROVED BY: _____ See Letter Dated _____
Initial and Date

CONDITIONAL APPROVAL: *Conditions To Be Typed On Building Permit*

DO NOT FINAL STRUCTURE WITHOUT PRIOR SNOHOMISH HEALTH DISTRICT FINAL APPROVAL

OTHER _____

BUILDING CLEARANCE APPROVED: BASED UPON REVIEW OF THE ONSITE SEWAGE DISPOSAL SYSTEM INFORMATION AND, WHEN APPLICABLE, THE WATER SUPPLY INFORMATION.

REVIEWING SANITARIAN: _____ DATE: _____

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Environmental Health Division

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