



# WATER AND SEWER AVAILABILITY REQUEST

Community and Economic Development

City of Arlington • 18204 59<sup>th</sup> Avenue NE • Arlington, WA 98223 • Phone (360) 403-3551

**Submittal Requirements:**

1. Complete Application
2. 8-1/2" x 11" Site Plan/Sketch of the Proposal

**Type of Request:**     **Water Only**                       **Sewer Only**                       **Water and Sewer**

Location/Legal Property Address: \_\_\_\_\_

Lot #: \_\_\_\_\_ Parcel ID No(s): \_\_\_\_\_ Subdivision: \_\_\_\_\_

Project Scope of Work: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Office No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owners Agent: \_\_\_\_\_ Office No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### RESIDENTIAL INFORMATION

Proposed Single Family Residence       Existing Single Family Residence       Accessory Dwelling Unit  
 Proposed Multi-Family Residence: # of Units \_\_\_\_\_ # of Buildings \_\_\_\_\_       Residential Plat: # of Lots \_\_\_\_\_

### COMMERCIAL INFORMATION

Binding Site Plan/Plat: # of Lots \_\_\_\_\_ # of Phases \_\_\_\_\_ # of Buildings \_\_\_\_\_ Total Square Footage \_\_\_\_\_

### TYPE OF COMMERCIAL USE

Hotel/Motel       Food Service       Medical/Dental       Office       Retail  
 Vehicle Service       Warehouse/Storage       Industrial       Other (specify): \_\_\_\_\_

Commercial Water Usage: Monthly Estimation: \_\_\_\_\_ Gallons

### WATER, SEPTIC SYSTEM AND FIRE

Is there an existing Well on the property?     Yes     No                      Is there an existing Septic System on-site?     Yes     No

Water Meter Size Requested?                       5/8"     1"                       1.5"     2"                       3"                       4"                       6"

Type of Fire Protection Requested?                       Fire Sprinkler System                       Fire Hydrant                       Unknown

*I, the undersigned, request City of Arlington Utilities Division to certify willingness to provide water and/or sewer as indicated. The above information is complete and accurate to the best of my knowledge. I understand that any changes to the above information must be reported immediately to the City of Arlington Utilities Division as a condition of Utility Availability approval.*

\_\_\_\_\_  
Signature (owner/agent)                                      Print Name                                      Date

**TO BE COMPLETED BY THE CITY OF ARLINGTON**

**CITY OF ARLINGTON UTILITIES DIVISION - PRELIMINARY INFORMATION / CERTIFICATION**

\_\_\_\_\_ A water main or other capital facility improvement:  is required;  is not required.  
*(If required, refer to below conditions).*

\_\_\_\_\_ Water is presently available from the City of Arlington to service the above referenced property and specified number of connections upon payment of applicable connection fees and charges.

**Fire Flow Estimation:** Static Pressure \_\_\_\_\_ Residual Pressure \_\_\_\_\_ Flow \_\_\_\_\_ gpm

\_\_\_\_\_ A sanitary sewer main or other capital facility improvement:  is required;  is not required.  
*(If required, refer to below conditions).*

\_\_\_\_\_ Sanitary sewer is presently available from the City of Arlington to service the above referenced property and specified number of connections upon payment of applicable connection fees and charges.

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

***EXPIRES 18 MONTHS FROM DATE OF ISSUANCE***

Additional Comments/Conditions: