



WATER AND SEWER AVAILABILITY REQUEST

Community and Economic Development

City of Arlington • 18204 59th 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: xxx 196th Place NE

Lot #: Tract 999 Parcel ID No(s): 01052300099900 Subdivision: Quail Ridge

Project Scope of Work: 3 single-family lots on 13.08 acres

Owner Name: KJR Family LLC Office No.: _____

Email Address: _____ Cell No.: _____

Mailing Address: 1831 Colby Avenue City: Everett State: WA Zip: 98201

Owners Agent: Ry McDuffy - Land Resolutions Office No.: 425-258-4438

Email Address: ry@orcalandsurveying.com Cell No.: _____

Mailing Address: 3605 Colby Avenue City: Everett State: WA Zip: 98201

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

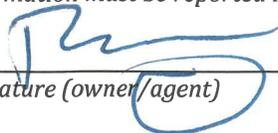
Hotel/Motel Food Service Medical/Dental Office Retail
 Vehicle Service Warehouse/Storage Industrial Other (specify): _____

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)

Ry McDuffy
 Print Name

2/27/25
 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: