



WATER & SEWER AVAILABILITY

Community and Economic Development

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

WATER AVAILABILITY REQUIRED

SEWER AVAILABILITY REQUIRED

REQUIRED SUBMITTALS: 1) Completed Application 2) 8½ x 11 Site Plan/Sketch of the Proposal

Owner's Name: _____

Mailing Address: _____ Phone No: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell Phone No: _____

Owner's Agent: _____ Project Name: _____

Parcel Tax Account # (s): _____

Location/Legal Street Address of Property: _____

Check all that apply:

Land Use Permit Site Civil Permit Building Permit City / County

Residential:

Proposed Single Family Home Existing Single Family Home
 Proposed Multi-family # of Units _____ Residential Plat # of Lots _____

Commercial:

Plat/Subdivision # of Lots _____ # of Phases _____ Total Building Square Footage _____
 Auto Service Hotel/Motel # of Units _____ Food Service Industrial
 Medical/Dental/Lab Warehouse/Storage Public Assembly Retail
 Office Other (Specify) _____

Is there an Existing Well? Yes No Is there an Onsite Septic System? Yes No

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

Type of Fire Protection Required: Fire Sprinkler System 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)

Date

TO BE COMPLETED BY THE CITY OF ARLINGTON

CITY OF ARLINGTON UTILITIES DIVISION - PRELIMINARY INFORMATION / CERTIFICATION

This non-binding preliminary commitment is only valid for the above referenced property in accordance with City of Arlington policies and for only 18 months.

_____ A water main or other capital facility improvement is required; is not required.
(If required, refer to attached conditions).

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

_____ A sanitary sewer main or other capital facility improvement is required; is not required.
(If required, refer to attached conditions).

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

Other: _____

Approved By: _____ Date: _____

EXPIRES 18 MONTHS FROM DATE OF ISSUE