



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: 416 & 422 E GILMAN AVE, ARLINGTON WA 98223

Lot #: 1-6 **Parcel ID No(s):** 004618-010-004-00, 004618-010-001-00 **Subdivision:** Block 10, Plat of Haller City (V2P22)

Project Scope of Work: Proposed Unit Lot Subdivision - 12 Units with 6 buildings

Owner Name: Rivertown Homes LLC **Office No.:** 425-422-5502

Email Address: joebrandvold@me.com **Cell No.:** 425-422-5502

Mailing Address: P.O. Box 1125 **City:** Snohomish **State:** WA **Zip:** 98291

Owners Agent: Kimberly Busteed, PE /Cascade Surveying & Engineering **Office No.:** 360-435-5551

Email Address: Kimberly@cascadesurveying.com **Cell No.:** _____

Mailing Address: P.O. BOX 326 **City:** Arlington **State:** WA **Zip:** 98223

RESIDENTIAL INFORMATION

Proposed Single Family Residence Existing Single Family Residence Accessory Dwelling Unit

Proposed Multi-Family Residence: # of Units 12 # of Buildings 6 Residential Plat: # of Lots 12

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: