



# 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:** 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 Busteded, 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.*

Kimberly Busteded                      Kimberly Busteded                      5-2-23  
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: