



Water/Sewer Utility Application

Community Development Department
10220 270th St NW, Stanwood, WA 98292
Tel 360-629-2181 Fax 360-629-3009

FILE NO. _____
RECEIPT # _____
DATE PAID _____

Application for:

Water

Permit Fee: _____
Concurrency Fee: _____
Connection Fee: _____
Plant Investment Charge: _____
Tech Fee: _____

Sewer

Permit Fee: _____
Concurrency Fee: _____
Connection Fee: _____
Plant Investment Charge: _____
Tech Fee: _____

Project Site Address: _____

Property Tax ID#: _____ Subdivision: _____

Occupancy: Single Family Multi-Family Commercial Other _____

Property Owner: _____

Mailing Address: _____ Phone No: () _____

Email address: _____

Contact Person: _____

Mailing Address: _____ Phone No: () _____

Email address: _____

Current use of the Site: _____

Give a brief description of your proposal and/or request: _____

List any pending and/or previously approved permits or land use applications on this site: _____

Is there an on-site well? _____ Is there an on-site septic? _____ Will a water meter be required? _____

Service Size: _____ Total square footage of existing building: _____

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above described property will be in accordance with the laws, rules and regulation of the State of Washington.

Applicant's Signature

Date

Print Applicant's Name