



# City of Puyallup

## Engineering Services

333 S Meridian Puyallup WA 98371

Tel (253) 841-5577 Fax (253) 840-6678

www.cityofpuyallup.org

### Certificate of Water or Sanitary Sewer Availability Application

#### Applicant Information

Name:
Mailing address:
Telephone number: <span style="float: right;">Alternate number:</span>
E-mail address:

#### Owner Information

(If applicant is not the property owner)

Name:
Mailing address:
Telephone number: <span style="float: right;">Alternate number:</span>
E-mail address:

#### Property Information

(Property for which the applicant seeks water or sanitary sewer availability)

Address: <span style="float: right;">WA</span>
Assessor's tax parcel number:
Submit an 8.5 x 11 site plan showing existing and proposed new construction (if applicable)

**Please check:**     Residential     Commercial

Type of request:	Fees:
Water availability	\$40
Sanitary sewer availability	\$40
Hydraulic Modeling	\$400
TPCHD water adequacy verification	\$40
TPCHD sewer/septic verification	\$40

I declare, under penalty of perjury, of the laws of the State of Washington, that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CERTIFICATE OF WATER AVAILABILITY

City to Add  
Application Number

## **PART A TO BE COMPLETED BY APPLICANT**

PROJECT ADDRESS  WA

SUBDIVISION/PROJECT NAME  PARCEL

Proposed water usage  (# connections)

Customer Type Rural residential  Residential  Multi-family  Commercial  Industrial

I, the undersigned, or my appointed representative have requested the following purveyor to certify willingness and ability to provide the indicated service. I have read and understand the information provided by the water purveyor on this Certificate, and acknowledge that the proposed project may require improvements to the water system which would incur my financial obligation. Prior to final approval for construction of the water facilities, it is understood that a legal contract between myself and the water utility which specifies the terms of water service, operational responsibility, and financial obligation may be required.

PRINT NAME  SIGNATURE

ADDRESS  CITY  ST  ZIP

(Please ensure that the above is completed PRIOR to submittal to the Water Purveyor.

## **PART B TO BE COMPLETED BY WATER PURVEYOR**

Water system to provide service  CITY OF PUYALLUP State ID #  70050H

The proposed development  is  is not within our approved service area.

This water utility  will  will not be providing service.

Approved number of connections  1 (ONE) Existing source capacity  10,000,000 GALLONS PER DAY

Number of current/existing users  MULTI Existing storage  19.3

Water service will be provided by:

- Direct connection to approved, existing water main.
- Extension of existing water main(s).
- New water system in accordance with WAC 246-290 and Pierce County Ordinances 86-117S3 and 92-99

Are water system facilities approved according to DOH requirements?  YES

Water service will be made available to this project by (date).  Upon Payment

\*\*\*\*\*NOTE: Completion of page 2 and water purveyor signature are required. \*\*\*\*\*