

PERMIT NO. \_\_\_\_\_



2924 SE LUND AVENUE  
PORT ORCHARD WA 98366  
PHONE: 360-876-2545 FAX: 360-876-2587

### SIDE SEWER APPLICATION

Proposed Site \_\_\_\_\_

Type of structure (single-family, duplex, or other) \_\_\_\_\_

Assessor Account No. \_\_\_\_\_

**(Legal owner is responsible for monthly sewer billing, unless otherwise noted.)**

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Builder's Name & Address \_\_\_\_\_

Side Sewer Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Washington State Contractor's License No. \_\_\_\_\_ Exp Date \_\_\_\_\_  
If in City Limits, please supply City License No. \_\_\_\_\_

**By signing this form, you acknowledge receipt of the District's Standards and Specifications.**

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**NOTE: BY ISSUANCE OF THIS PERMIT, BILLING FOR SEWER SERVICE SHALL START 30 DAYS AFTER THE PURCHASE (UNLESS IN USE SOONER) RATHER THAN WAITING FOR OCCUPANCY. (RESOLUTION NO. 152).**

#### FOR OFFICE USE ONLY:

Permit issued by \_\_\_\_\_ Date \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Prepaid  
Developer's Deposit paid: Yes  No  Check # \_\_\_\_\_ Deposit Line Account # 23500000  
Billing Account No. \_\_\_\_\_

C:\Documents and Settings\mwhitehead.WESTSOUND.000\Desktop\WSUD Side Sewer Permit Application.doc