



CONSTRUCTION CLEARANCE FOR CITIES

REQUEST FOR A HEALTH DEPARTMENT CONSTRUCTION CLEARANCE AND/OR WATER SUPPLY COMMENT

PROPERTY TAX ACCOUNT NUMBER:		CITY OF: _____	
SITE ADDRESS:		NAME OF REVIEWER: _____	
SITE CITY:		SEC 63/GMA Compliance Required? YES _____ NO _____	
SP # / Plat Name:		FILE #:	
Sec: Twp: Rg:	Site Legal Description and Lot #:		
OWNERS NAME:		PHONE:	
OWNERS EMAIL:			
MAIL ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE:	
CONTACT PERSON EMAIL:			
MAIL ADDRESS:	CITY:	STATE:	ZIP:

IS SEPTIC SYSTEM / DRAINFIELD: INSTALLED/EXISTING* PROPOSED NOT APPLICABLE

*If installed/existing, approximate year of installation _____

Has a new onsite sewage disposal system application been made to the Snohomish County Health Department in conjunction with this proposed building project? _____ YES _____ NO

INDICATE SOURCE OF WATER: INDIVIDUAL WATER SUPPLY PUBLIC WATER SYSTEM NOT APPLICABLE

Has an individual water supply application been made to the Snohomish County Health Department in conjunction with this building project? _____ YES _____ NO

Explain building project and its use (SFR, addition, shed, etc.): _____

Is plumbing for any structures: EXISTING PROPOSED BOTH EXISTING & PROPOSED

Indicate total number of **bedrooms** before and after construction: BEFORE: _____ / AFTER: _____

MINIMUM PLOT PLAN REQUIREMENTS TO BE SUBMITTED WITH THIS APPLICATION DEPICTING THE FOLLOWING:

- Scaled Drawing (max. 1" = 100')
- Dimensions of Property Lines.
- Dimensions of Existing and Proposed Structures and their distances from Lot Lines.
- Roads, Easements, Driveways, Parking and Pavement Areas.
- Location of Existing/Proposed Water Well.
- Location of Existing/Proposed Water Lines.
- Location of Septic System Components:
 - Septic Tank and Primary Drainfield
 - Pump Tank, ATU, Sand Filter, etc. (if applicable)
- Location of Septic System 100% Reserve Area.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR HEALTH DEPARTMENT USE ONLY

WATER SUPPLY INFORMATION: (If Required By Building Department)

- Appears to be consistent with recommendations contained in "Guidelines for Determining Water Availability for New Buildings", issued April, 1993 as per Section 63 of Growth Management Act (GMA).
- Does not appear to be consistent with recommendations contained in "Guidelines for Determining Water Availability for New Buildings", issued April, 1993 as per Section 63 Growth Management Act (**see attached sheet for deficiencies**).

ONSITE SEWAGE DISPOSAL SYSTEM:

- APPROVED DISAPPROVED BY: _____ See Letter Dated _____
Initial and Date
- CONDITIONAL APPROVAL: *Conditions To Be Typed On Building Permit*
- DO NOT FINAL STRUCTURE WITHOUT PRIOR SNOHOMISH COUNTY HEALTH DEPARTMENT FINAL APPROVAL**
- OTHER _____

BUILDING CLEARANCE APPROVED: BASED UPON REVIEW OF THE ONSITE SEWAGE DISPOSAL SYSTEM INFORMATION AND, WHEN APPLICABLE, THE WATER SUPPLY INFORMATION.

REVIEWING SANITARIAN: _____ DATE: _____

Environmental Health Division