



PERMIT APPLICATION



Work Site Address: _____

Work Activity Location: _____ **Apt/Suite:** _____

Occupancy: Single Family Multi-Family Commercial Institutional Industrial

Description of Work: _____

List Associated Building Permits: _____ List Related Side Sewer Permits: _____

WORK SITE OWNER / TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent King County Metro Reporting Information Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste #: _____ City/State: _____ Zip: _____	Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste #: _____ City/State: _____ Zip: _____

<p>Activity in the Right-of-Way: Curb Crossing / Staging: Yes or No (Circle One) Excavation: Yes or No (Circle One) <i>Note: If work is in the R-O-W, the Contractor <u>must</u> be registered with the City of Seattle (RSSC).</i></p>	<input type="checkbox"/> Temporary Dewatering for Construction <input type="checkbox"/> Field <input type="checkbox"/> Full (if full: SPU / King County) <input type="checkbox"/> Pipe Lining <input type="checkbox"/> Exception
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DRAINAGE SYSTEM:	# of Service Drain Lines Capped _____	<input type="checkbox"/> Addition / Alteration	<input type="checkbox"/> Repair
		<input type="checkbox"/> New System	<input type="checkbox"/> Temporary

of New Connections to Main: _____ # of Other New Connections: _____ # of New/Replaced/Repair Pumps: _____

FLOW CONTROL TYPE:	FLOW CONTROL STANDARD:	TREATMENT STANDARD TYPE:	DISCHARGE POINT TYPE:
<input type="checkbox"/> Bio-Engineer <input type="checkbox"/> Infiltration <input type="checkbox"/> No Control <input type="checkbox"/> Pipe <input type="checkbox"/> Surface <input type="checkbox"/> Vault	<input type="checkbox"/> Forest & Peak <input type="checkbox"/> Forested <input type="checkbox"/> Pasture <input type="checkbox"/> Pasture & Peak <input type="checkbox"/> Peak <input type="checkbox"/> Wetland	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Plus <input type="checkbox"/> No Treatment BASIC PLUS TYPE: <input type="checkbox"/> Enhanced <input type="checkbox"/> Oil <input type="checkbox"/> Phosphorous	<input type="checkbox"/> Alley <input type="checkbox"/> Combined System <input type="checkbox"/> Direct <input type="checkbox"/> Ditch <input type="checkbox"/> On Site <input type="checkbox"/> Other <input type="checkbox"/> Storm System <input type="checkbox"/> Weep Hole

Total Disturbed Area _____ square feet **New Plus Replaced Impervious Surface** _____ square feet
New Impervious Surface _____ square feet **Total Area Mitigated by GSI** _____ square feet

*** NOTE: This application form CANNOT be faxed in for processing, please contact the Drainage Counter at (206) 684-5362 for more information ***

SANITARY SYSTEM:# of Service Sewer
Lines Capped ____ Addition / Alteration Repair New System Temporary

of New Connections to Main: ____

of Other New Connections: ____

of New Dwelling Units: ____

of New Connections to Side
Sewer: ____# of New/Replaced/Repair
Pumps: ____**Payment and Responsibility for Fees.:**

I, _____, am the **Owner / Applicant** (*circle one*) of the above referenced property.

I understand that both the applicant for the permit, and the owner of the property for which the permit is required, are jointly and severally responsible for payment of review and inspection fees required by SMC 21.16. However, when an applicant is not the owner and is not acting, even in part, as agent for the owner, the applicant is solely responsible for payment of applicable fees.

Signed this _____ day of _____ 20____.

by _____ of _____.

Signature *Company*

For DPD Use Only:**Permit #:** _____**Permit Fees:** _____**Intake Reviewer:** _____