

Telephone Email

## **Development Services Office**700 Fifth Ave, Suite 2748 I PO Box 34018 Seattle,

WA 98124-4996 (206) 684-3333 I SPUWaterAvailability@seattle.gov

## Utility System Improvement Determination Request

If your project requires a utility system improvement that you have grounds to dispute, you can request a Determination Review, pursuant to <u>Director's Rule ENG-430</u>.

CRITER	RIA FOR REQUESTING D	ETERMINATION REVIEW		
	, ,		rectly relate to a specific C with the project. Accepte	ity of Seattle requirement. d criteria include:
	Engineering infeasibility with documented professional engineering support.  Requirement issued in error. Provide substantive facts.  A code alternative is applicable. Provide a specific code reference and supporting documentation on applicability.			
Other	reasons will be rejec	ted.		
GENER	AL INFORMATION			
	Incomplete submittals will be rejected.			
	Submittals are <b>due by noon on Monday</b> for consideration in the next Determination Review meeting.			
SUBMI	IT YOUR APPLICATION -	- Use one of the following	g options:	
	For WACs/PARs issued prior to March 28, 2020: Email signed pdf copy to			
	SPUWaterAvailability@seattle.gov			
	For WACs/PARs issued after to March 28, 2020: Submit through the Seattle Services Portal			
	Mail: Development Services Office, Seattle Public Utilities, PO Box 34018, Seattle, WA 98124			
APPLIC	CANT & PROJECT INFOR	MATION		
Project Address			Zoning	
King County Parcel Number			Total Number of Dwelling Units	
→ PROPERTY OWNER		PROJECT CONTACT (If different from Property Owner)	DESIGN PROFESSIONAL	
Company				
Nan	ne			
Mail	ling Address			

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## **PROJECT INFORMATION System Improvement Utility Type** □ Drainage and Wastewater (DWW) ☐ Water System Improvement o Combined Sewer Main Valve o Public Storm Drain Water Main Extension o Sanitary Sewer Main Other Related Pre-Assessment Report (PAR) If other, describe. New Plus Replaced Total Hard Surface (sf) Related Water Availability Certificate (WAC) **Right-of-Way Information: Designation:** Alley Residential Other Arterial **Pavement Type:** Asphalt over Concrete Concrete Other **Asphalt System Improvement Requirement for Project** Proposed Alternative Solution(s) Reason(s) for Request **Project Presentation – Select for yes** I would like to attend the Utility System Improvement Determination meeting to present the project details in a recorded 20-minute virtual meeting. I understand the final decision will not be made in the meeting. These requests will be scheduled on a first-come, first-serve basis. The final response will typically be delivered within two weeks of the scheduled meeting. **Ownership Verification – Select for yes** I verify that I am the property owner or the authorized agent.

**Printed Name** 

Date

Signature of Property Owner