



PERMIT NO. _____

CITY OF SNOHOMISH

Founded 1859, Incorporated 1890

116 UNION AVENUE SNOHOMISH • WASHINGTON 98290 • (360) 568-3115 FAX (360) 568-1375

SIDE SEWER CONSTRUCTION PERMIT

Job Address _____ Prop Owner _____

Owner Address _____ City _____ State _____ Zip _____

APN _____ Legal Description _____

Contractor _____ Contact Ph. _____ 24 Hr. Ph. _____

New Construction Repair Emergency Other

Building Permit No. _____ Right of Way Permit No. _____

Size of Water Service _____ Service Request No. _____

FEE SCHEDULE

Amount

Fund Code *For Office Use Only*

Inspection Fee _____ 402-000-343-50-10

Connection Fee - Sewer _____ 473-000-343-95-20

Capital Facility Charge-Sewer _____ 471-000-343-95-20

Permit Fee _____ 402-000-322-10-00

Deposits _____ 402-000-220-00-00 _____

Contract No. _____

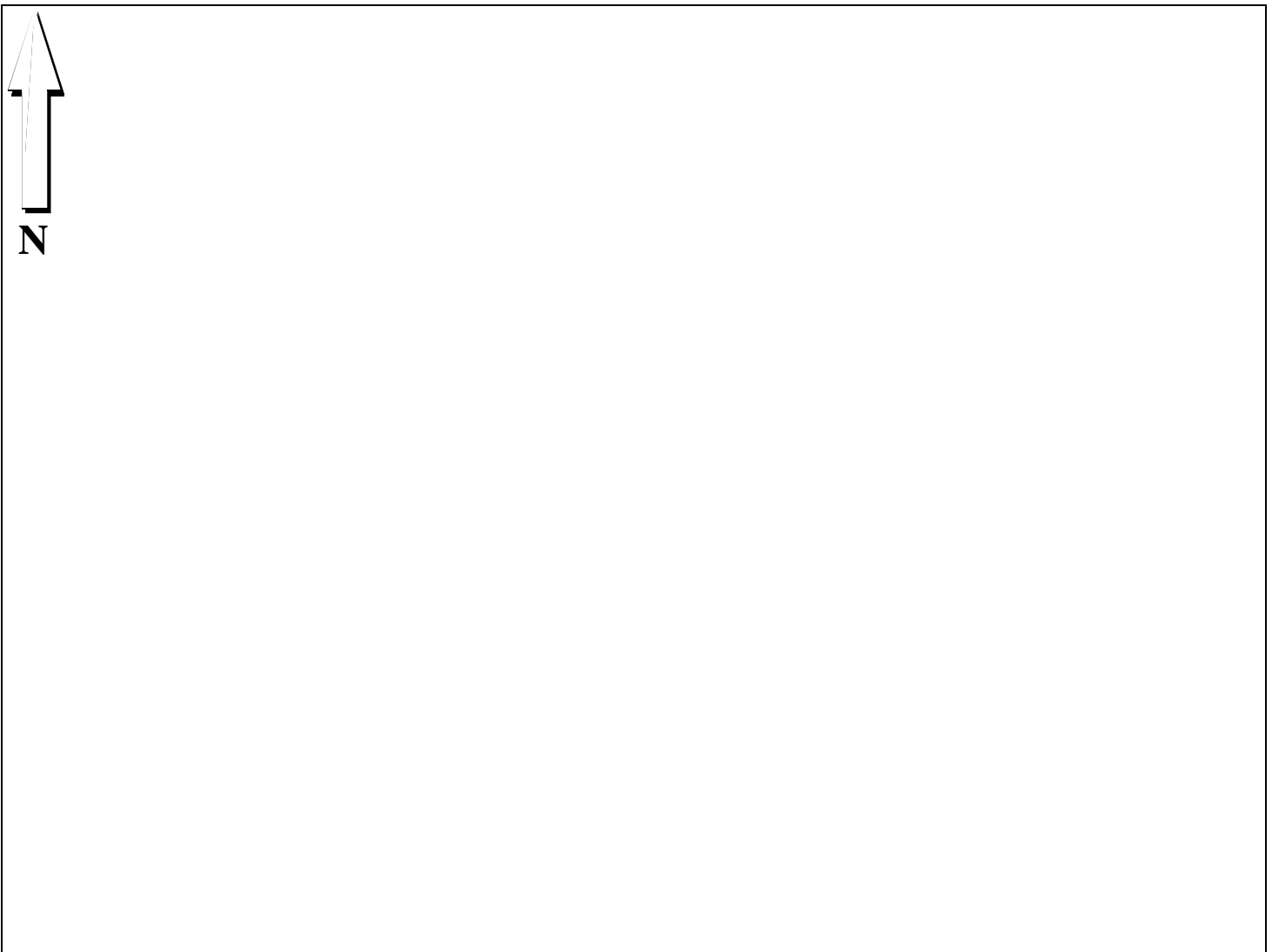
TOTAL FEE _____

Date Paid _____ Receipt No. _____ Issued By _____

- No Building Activity shall be signed off until As-built information is **complete**.
- As-Built **must** be submitted at the time of inspection for sign off.
- All activities in the public right of way or City easement areas will requires a **right of way disturbance permit** to be issued concurrently with this document.
- All paved road crossings shall be backfilled with CDF per current City Standards.
- **Contact** must be made **24 hours in advance** with inspector (no messaging).
- Call Underground Utility Locate Center 48 hours in advance of construction 1-800-424-5555.
- Permit must be kept available on site at all times.
- All work will be performed in accordance with current City Standards and this permit.
- In the event of any violations of the above conditions, **Stop Work** orders may be posted.
- **Septic Tanks** must be sand-filled or removed from site. **No sign off until complete.**

I Hereby attest and acknowledge that I have read the above conditions and requirements of this permit and have full understanding of the same.

Signed _____ Date _____



“As-Built” Drawing in above space North to the top

Installed By _____ Inspected By _____ Date _____