



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

PROPERTY TAX ACCOUNT NUMBER:		FOR PDS USE ONLY					
SITE ADDRESS:						PDS FILE #:	
SITE CITY:						OR CITY OF:	
SP # / Plat Name:						PDS NAME:	
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:			
BUILDING PROJECT DESSCRIPTION:							

PLEASE SEE THE ATTACHED REVISED SITE PLAN

- The site plan has been revised by applicant
- The site plan has been revised due to SCHD requirements
- The site plan has been revised due to requirements by PDS

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

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

- | | |
|---|--|
| 1. Scaled Drawing (max. 1" = 100') | 5. Location of Existing/Proposed Water Well. |
| 2. Dimensions of Property Lines. | 6. Location of Existing/Proposed Water Lines. |
| 3. Dimensions of Existing and Proposed Structures and their distances from Lot Lines. | 7. Location of Septic System Components:
- Septic Tank and Primary Drainfield |
| 4. Roads, Easements, Driveways, Parking and Pavement Areas. | - Pump Tank, ATU, Sand Filter, etc. (if applicable) |
| | 8. Location of Septic System 100% Reserve Area. |

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

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250