



CONSTRUCTION CLEARANCE

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

PROPERTY TAX ACCOUNT NUMBER:		FOR PDS USE ONLY	
SITE ADDRESS:		PDS PLAN CHECK #:	
SITE CITY:		SEC 63/GMA Compliance Required? YES _____ NO _____	
SP # / Plat Name:		PDS NAME: Expedited Review _____	
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:

- | | |
|---|--|
| 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. |

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: _____