

CITY OF OKANOGAN SEWER SERVICE APPLICATION

PROPERTY OWNER'S NAME, MAILING ADDRESS & CONTACT PHONE NUMBER:				
STREET ADDRESS OF SITE:			PARCEL NUMBER:	
SHORT LEGAL DESCRIPTION OF PROPERTY:				
INITIAL INSTALLATION OF SERVICE REQUEST AT _____ FEET BELOW CURB OR OTHER: :				
REQUESTED PERMIT USE				
	TYPE	DESCRIPTION(S)		
	RESIDENTIAL DOMESTIC USE: __			
	COMMERCIAL: __			
	INDUSTRIAL: __			
	OTHER: __			
HAZARDS & CONTROL:				
	TYPE	DESCRIPTION(S)		
	ALTERNATE WATER SOURCE: __ PRIVATE WELL: __ IRRIGATION: __ OTHER: __			
	HAZARDOUS ACTIVITIES			
	SPECIALIZED EQUIPMENT			
	OTHER:			
WATER:	NONE: _	ON SITE: _	PUBLIC: _	OTHER: _____

The above answers are true and complete to the best of my knowledge. I understand that the sewer service purveyor is relying on them to make its decision. Further that said service if granted, is contingent on continued compliance with City of Okanogan ordinances regulating sewer service, use and related fees.
Application expires 90 days from the date of application.

Signature: _____

Date Submitted: _____

Public Works Comments:

Licensed Contractors Name: Contractor's License No:
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FEES: _____ (computed by: _____) RECEIPT # _____

Equivalent Residential Units: _____ Hazards Controls Verified by: _____

 Public Works Director

 Date

Description	Date	Signature
Fill out Application		
Forward to:		
<i>Water Manager</i>		
<i>Sewer Plant Operator</i>		
<i>Other Public Works</i>		
<i>Building Official</i>		
<i>Fire Chief</i>		
Contact Applicant		
Review Application		
Forward to Clerk's Office		
Determine Fee		
Send Applicant Letter		
Collect Fees		
Forward to Public Works		
Determine Date of Work		
Inspection of Work in Progress		
Inspect Backflow		
Final Approval		
Date Completed		
Distribute for Record Keeping		