

VALLEY WATER DISTRICT

14515 PIONEER WAY EAST

PUYALLUP, WA 98372

Telephone: 253-841-9698 / Fax: 253-770-8959

CERTIFICATE OF WATER AVAILABILITY REQUEST FORM

1. Applicant Information

Legal Property Owner Name: _____ Telephone: _____

Current Mailing Address: _____ City _____ State _____ Zip _____

Agency (or Agent Name) Applying for Land Owner _____ Phone _____

2. Purpose of Application

RESIDENTIAL

- Accessory Dwelling Residential Building Permit
- Boundary Line Adjustment – Number of Lots _____ Short Plat – Number of Lots _____
- Septic Design Other _____

COMMERCIAL

REQUIRED FIRE FLOW _____ GPM FOR _____ MINUTES

- Conditional Use Permit Septic Design
- Non Residential Building Permit Rezone
- Preliminary Long Plat – Number of Lots _____ Other _____

DESCRIBE YOUR PROJECT _____

Will project be connected to water system? YES NO Does Pierce County require a second septic? YES NO

3. Description of Property

Street Address _____ Tax Parcel Number _____

Short Plat # _____ Lot # _____ Further Legal Description _____

Name of Valley Water District System _____

4. Fee Schedule

For issuance by the District of a Certificate of Water Availability, a fee of **\$30.00** must accompany this application. Each subsequent certificate for an additional lot in the same proposed land action is **\$5.00**. The fee for a parcel with an existing connection to the water system is **\$15.00**. These fees are necessary to reimburse the District for its actual costs to process applications for such Certificates of Water Availability (Resolution 96-12).

5. Date and Conditions of Application

The date of application will be the date when all applicable information, maps, and fees are received in full by the District. An application will not be considered or processed until the District confirms that all submittals are complete. Certificates of Water Availability will not be issued where District water service is not available. Certificates of Water Availability will be issued on a first come-first served basis.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THE CONDITIONS HEREIN.

Applicant Signature _____ **Date** _____

The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino
Race: _____ American Indian/Alaskan Native _____ Asian _____ Black/African American _____ Native Hawaiian/Pacific Islander _____ White
Sex: _____ Male _____ Female

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Administrator, USDA, Rural Development, Washington, D.C. 20250-0700.

Este programa es de oportunidad igualada. Discriminacion es porhibido por la ley Federal. Quejas de discriminacion pueden ser registradas con el Administrador, USDA, Rural Development, Washington, D.C. 20250-0700.

For Office Use

Application # _____ Fee \$ _____ Receipt # _____ Site Plan Vicinity Map