



City of Tukwila

CERTIFICATE OF SEWER AVAILABILITY

Department of Community Development

6300 Southcenter Boulevard, Suite #100
Tukwila, Washington 98188
Phone: 206-431-3670
Web site: <http://www.ci.tukwila.wa.us>

PERMIT NO.: _____

Part A: To be completed by applicant

This certificate is for the purposes of:

- | | | |
|--|---|--|
| <input type="checkbox"/> Residential Building Permit | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Short Subdivision |
| <input type="checkbox"/> Commercial/Industrial Building Permit | <input type="checkbox"/> Rezone | <input type="checkbox"/> Other _____ |

Proposed use:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Residential Single Family | <input type="checkbox"/> Residential Multi-Family | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Other _____ | | |

Applicant Name: _____

Applicant Phone No.: _____

Legal Description (attach map and legal description if necessary):

Part B: To be completed by sewer utility district

1. a. Sewer Service will be provided by side sewer connection only to an existing _____ size sewer _____ feet from the site and the sewer system has the capacity to serve the proposed use.
- OR b. Sewer service will require an improvement to the sewer system of:
- 1) _____ feet of sewer trunk or lateral to reach the site; and/or
 - 2) the construction of a collection system on the site; and/or
 - 3) other (describe): _____

2. (Must be completed if 1.b above is checked)

- a. The sewer system improvement is in conformance with a County approved sewer comprehensive plan,
- OR b. The sewer system improvement will require a sewer comprehensive plan amendment.

3. a. The proposed project is within the corporate limits of the District, or has been granted Boundary Review Board approval for extension of said service outside the District,

OR b. Annexation or BRB approval will be necessary to provide service.

4. Service is subject to the following:

a. District Connection Charges due prior to connection:

GFC: \$ _____ SFC: \$ _____ UNIT: \$ _____ TOTAL: \$ _____

(Subject to change on January 1st)

King County/METRO Capacity Charge: Currently, \$5,893.35/residential equivalent, will be billed directly by King County after connection to the sewer system. (Subject to change by King County/METRO without notice.)

b. Easements: Required May be required

c. Other: _____

I hereby certify that the above sewer agency information is true. This certification will be valid for one year from the date of signature.

By _____

Title _____

Date _____