

Office Use Only

SOOS CREEK WATER AND SEWER DISTRICT

253.893.7621

Development@sooscreek.com

Sewer Permit Application

Please Print in Black Ink Only

RECVD	Permit #
Project Name	
Date Submitted	
Application received by	

Business/Residence/Project Name: _____ Parcel No.: _____

Project Address: _____ Lot #: _____

Description of Project: _____

Sewer	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Multi Family
New	Repair <input type="checkbox"/> Cap Off
Grinder Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(District Approval Required)</i>	
Commercial/Industrial Use Only	
Oil Water Separator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, include Type and Model Number:</i>	
Grease Trap ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant/Contact	
Name:	
Address:	
City:	Zip:
Phone(s):	Fax:
E-mail:	
Billing Information	
Name:	
Address:	
City:	Zip:
Phone:	
E-mail:	

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I am either the owner of the property described or I represent the owner or contractor as signified above and am acting with the owner/contractor's full knowledge and consent.

Name (please print) _____ Signature _____ Date _____