



6723 S 124<sup>th</sup> St.  
 Seattle, WA 98178  
 206-772-7343  
 206-772-5860

**APPLICATION FOR WATER SERVICE CONNECTION**

SERVICE ADDRESS \_\_\_\_\_

PARCEL # \_\_\_\_\_ LEGAL DESCRIPTION \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

- Work to be Done:**
- |  |    |   |
|--|----|---|
| <input type="checkbox"/> New Connection    | OR | <input type="checkbox"/> Upgrade/Repair       |
| <input type="checkbox"/> Fire Sprinklers   | OR | <input type="checkbox"/> No Fire Sprinklers   |
| <input type="checkbox"/> Irrigation System | OR | <input type="checkbox"/> No Irrigation System |
| <input type="checkbox"/> Irrigation Meter  | OR | <input type="checkbox"/> No Irrigation Meter  |
| <input type="checkbox"/> Inside Property   | OR | <input type="checkbox"/> Outside Property     |
| <input type="checkbox"/> By Contractor     | OR | <input type="checkbox"/> By Owner             |

- Dwelling Type:**
- |  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Commercial |
|  | #Units _____                          |                                     |

CONTRACTOR NAME \_\_\_\_\_

CONTRACTOR ADDRESS \_\_\_\_\_

CONTRACTOR PHONE \_\_\_\_\_ INS.EXP.DATE \_\_\_\_\_

CONTRACTOR REG.# \_\_\_\_\_ EXP.DATE \_\_\_\_\_

Current Contractor Registration/Insurance Provided **REQUESTED INSTALL DATE** \_\_\_\_\_

\*\*\*\*\*  
*Application is hereby made for water service from Skyway Water and Sewer District. The applicant agrees to pay for such service as now and in the future required by the District and abide by all rules and resolutions concerning such service. Applicant is aware and agrees that failure to pay for the service in the amount and time required by the District will result in the service being shut off, a lien against the property being filed and/or suit by Skyway Water And Sewer District as provided in RCW 57.08.081.*

*It is understood and agreed that Skyway Water And Sewer District does not have the authority to permit water service construction within wetlands, steep slopes, setbacks or other sensitive or restricted areas. Nothing in this application shall be construed to give such permission. Permits from the appropriate agency with jurisdiction (i.e. King County) for construction within such areas shall be the applicant's responsibility and are required in addition to the authority granted by this application.*

*It is further understood and agreed that skyway water and sewer district is not liable for interruption of service, whether caused by accident, construction or any other cause. It is understood and agreed that fees below are for service installation only. Skyway Water And Sewer District shall remain the owner of all water meters pipes and associated appurtenances from the District's water main to the meter. The water service line from the meter to the house/building is owned by the Applicant who is responsible for the same.*

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND CONDITIONS**

\_\_\_\_\_  
 Property Owner/Representative for Owner Date \_\_\_\_\_

\*\*\*\*\***(For Office Use Only)**\*\*\*\*\*

- |  |   |
|--|---|
| <input type="checkbox"/> Map and Legal Description Provided                          | No. of Reads: <input type="checkbox"/> 1 OR <input type="checkbox"/> 2 (if irrigation meter)              |
| <input type="checkbox"/> Right of Way Permit Application Made<br>Date _____ By _____ | Account Set-Up Date _____   |
| <input type="checkbox"/> Right of Way Permit Received<br>Date _____ # _____          | BAT Certificate/Annual Test Notice Set-up<br><input type="checkbox"/> Yes OR <input type="checkbox"/> N/A |
| <input type="checkbox"/> Cross Connection Review<br>Date _____ By _____              | Service Begin Date _____  |
| <input type="checkbox"/> Recorded Easement Copy Provided                             | Receipt #: _____ Date: _____  |
| <input type="checkbox"/> Hold Harmless/Indemnity Signed                              |   |

Meter Size \_\_\_\_\_ Make \_\_\_\_\_  
 Meter#: \_\_\_\_\_  
 Meter Install Date: \_\_\_\_\_  
 Assigned Acct# \_\_\_\_\_  
 Assigned Route# \_\_\_\_\_ Seq.# \_\_\_\_\_

<b>WATER FEES</b>	
2010 Meter/Service Installation	\$ _____
2010 Local General Facilities Charge	\$ _____
2010 Regional Capital Facilities Charge	\$ _____
<b>TOTAL WATER</b>	<b>\$ _____</b>