



6723 S 124th St.
 Seattle, WA 98178
 206-772-7343
 FAX 206-772-5860

APPLICATION FOR SEWER SERVICE CONNECTION

SERVICE ADDRESS _____

PARCEL # _____ LEGAL DESCRIPTION _____

OWNER NAME _____ PHONE _____

MAILING ADDRESS _____ Email _____

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

Dwelling Type: Single Family Multi-Family #Units _____ Commercial

Basement: Yes No **Zone 5 Acct/File Incorporated**

ULID: Yes No **PHONE** _____

CONTRACTOR NAME _____

CONTRACTOR ADDRESS _____

CONTRACTOR REG.# _____ EXP. DATE _____

- Current Contractor Registration Provided Current Certificate of Insurance provided

ESTIMATED CONNECT DATE _____

 Application is hereby made for sewer 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 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 side sewer construction within wetlands, steep slopes, setbacks or other sensitive or restricted areas. Nothing in this application or the side sewer permit 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/permit.

See attachment for additional conditions.

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/agreed that fees below are for connection only. Skyway Water and Sewer District shall remain the owner of the sewer main. The sewer service stub and side sewer shall be owned and maintained by the property owner.

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

 Property Owner/Representative for Owner Date

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

- Map and Legal Description Provided
- Receipt # _____ Date: _____
- Side Sewer Permit# _____
- Right of Way Permit Application
 Date _____ By _____
- Right of Way Permit
 Date _____ # _____
- King County Capacity Certification Signed
 Mailed to KC - Date: _____ By: _____
 Copy to Customer
- As Built Record Completed/Filed
- Sewer Inspect Date _____ By: _____
- Recorded Easement Copy Provided
- Hold Harmless/Indemnity Signed
- KC Right of Way Fees Billed/Paid
- Account Set-Up Date _____
- Service Begin Date _____
- Assigned Account # _____

SEWER FEES	
2018 District Side Sewer Permit	\$ _____
2018 Local General Facilities Charge	\$ _____
2018 King County Right Of Way Permit and Inspection Fees (2-hour minimum \$750 if applicable)	\$ _____
<i>*Charges over minimum will be billed at permit close out</i>	
City of Renton System Development Fee	\$ _____
TOTAL SEWER	\$ _____

KING COUNTY SEWER TREATMENT CAPACITY CHARGE	
2018 Residential	\$ 62.60/mo.
2018 Non Residential (2 Units = 0.8 RCEs)	\$ 100.16/mo.
(5+ Units = 0.64 RCEs)	\$ 240.38/mo.

The purpose of this charge is to pay for increasing sewage treatment capacity to serve new connections to the sewer system. This charge will be billed directly to the customer by King County DNR Wastewater Treatment Division. For questions regarding this charge, please contact King County at 206-684-1740.

***** (For Commercial Accounts Only) *****

Assigned Route#: _____ Seq. # _____

No. Reads: 1 OR 2 (if irrigation meter)

Account Included in Metro Quarterly Report