



King County

**Department of Local
Services Permitting Division**

206-296-6600
www.kingcounty.gov

**Health Department and the DLS
Permitting Division Concurrent
Review Request by Applicant**

For alternate formats, call 206-296-6600.

For County Use Only

Public Health Record ID _____
Permitting Number _____
Parcel Number _____

Concurrent Review Request

I request that the King County Department of Local Services Permitting Division (Permitting) waive the Complete Application Requirement for on-site sewage system approval for the above referenced building permit and conduct concurrent reviews of my building permit application submitted to Permitting and my On-Site Sewage System (OSS) site design application submitted to Public Health – Seattle & King County.

I understand that there are risks associated with waiving the application requirement of on-site sewage system approval by the Department of Public Health including: the possibility of plan modifications; possible denial of one or both of the permits; and my responsibility to pay for all fees associated with each department’s review even when one or both permits are denied. Should modifications to my plans be required to obtain county approval, I agree to pay for costs associated with the preparation and review of all such plan revisions. I also understand that when significant revisions are required, concurrent review may not achieve the desired result of saving review time.

I certify that I submitted my OSS site design application to the Department of Public Health – Seattle & King County on _____ (date).

Name _____ (please print)

Signature _____ Date _____

Permitting will conduct concurrent review upon completion of this form provided that thirty days have lapsed since the OSS site design application submittal to the Public Health Department.

Check out the Permitting Web site at www.kingcounty.gov/permits