



# King County Certificate of Sewer Availability

Do not write in this box  
 Number \_\_\_\_\_ Name \_\_\_\_\_

Building Permit \_\_\_\_\_ Preliminary Plat or PUD \_\_\_\_\_  
 Short Subdivision \_\_\_\_\_ Rezone or other: \_\_\_\_\_  
 Applicant name: \_\_\_\_\_  
 Proposed use: \_\_\_\_\_  
 Location (attach map and legal description if necessary): \_\_\_\_\_

**Sewer agency information:**

1. a. Sewer service will be provided by side sewer connection only to an \_\_\_\_\_ 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 \_\_\_\_\_
2. 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 service outside the district or city.  
**OR**  
 b. Annexation or Boundary Review Board (BRB) approval will be necessary to provide service.
4. Service is subject to the following:
  - a. Connection \_\_\_\_\_
  - b. Easement(s): \_\_\_\_\_
  - c. Other: \_\_\_\_\_

Comment \_\_\_\_\_

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

Agency name \_\_\_\_\_ Signatory name \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_