



WATER/SEWER/STORM/BACKFLOW UTILITY PERMIT APPLICATION

Form last updated
Dec 2016

Physical Address:
Auburn City Hall Annex, 2nd Floor
1 E Main St

Mailing Address:
25 W Main St
Auburn, WA 98001-4998

Webpage & Email:
www.auburnwa.gov
permitcenter@auburnwa.gov

Phone and Fax:
Phone: (253) 931-3090
Fax: (253) 804-3114

PROJECT INFORMATION

Check all that apply: Water Sewer Stormwater Backflow

Single Family Residence Commercial Duplex Multifamily: # of units _____

Job site address: _____ Zip: _____ Lot #: _____

Tenant Name: _____ Parcel #: _____

Complex Name: _____ Building #: _____ Suite #: _____

For Condominiums – Building Name: _____ Unit #: _____

For Mobile/Manufactured Homes – Park Name: _____ Space #: _____

PERMIT NUMBER

WTR _____ - _____

SWR _____ - _____

STM _____ - _____

BFL _____ - _____

SCOPE OF WORK: _____

Parent Permit #

APPLICANT Owner Contractor Other _____

Name: _____

Phone #: _____ Email: _____

OWNER

Name: _____

Check this box if this is the primary contact

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

CONTRACTOR

Company Name: _____

Check this box if this is the primary contact

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Auburn Business Lic#: _____ WA UBI#: _____

STORM APPLICATION

CIRCLE ONE: **New Development** **Modification to Existing Development** **Grading Related**

Total New Hard Surface (sq ft): _____ Total Area to be Disturbed (sq ft): _____

Description of work: _____

SEWER APPLICATION

CIRCLE ONE: **New Connection** **Side Sewer Repair** **Grinder Pump** **Demo Capping** **Tenant Improvement**

IS ANY WORK WITHIN THE PUBLIC ROW No Yes *If so, [Construction Permit](#) required*

Does this construction include installation of a grease interceptor or oil-water separator? No Yes

Is this use temporary (e.g., permitted construction stormwater or groundwater discharge)? No Yes

If yes, the period of discharge is anticipated to be from _____(date) to _____(date)

System Development Charge Information: *Use the applicable King County Sewer Use Certification form to complete the following:*

- A. Number of new Residential Customer Equivalents (RCE's), based on new dwelling units or new Fixture Units: _____
- B. Number of existing RCE's, based on dwelling units or Fixture Units to be removed during demolition activities: _____
- C. Net increase/decrease in RCE's as a result of this work (A-B): _____

WATER APPLICATION

Check all that apply:	DOMESTIC		IRRIGATION		FIRE		NON-RESIDENTIAL DOMESTIC	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
If Yes, Service Size (in):								
Existing Meter Box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Chemicals Added?	N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BACKFLOW DEVICE(S) – FOR PREMISES ISOLATION

All backflow devices shall be installed adjacent to and on the customer side of the water meter. Contact the City's Cross Connection Specialists at (253) 931-3048 to discuss specific location.

PURPOSE OF DEVICE	TYPE OF DEVICE		SIZE (INCHES)	NUMBER OF DEVICES
Irrigation – Single Family Residence	Chemicals Added?	<input type="checkbox"/> Yes RPBA		
		<input type="checkbox"/> No DCVA		
Fireline – Single Family Residence	Chemicals Added?	<input type="checkbox"/> Yes RPBA		
		<input type="checkbox"/> No DCVA		
Domestic – Non-Residential	RPBA			
Irrigation – Non-Residential	Chemicals Added?	<input type="checkbox"/> Yes RPBA		
		<input type="checkbox"/> No DCVA		
Fireline – Non-Residential	Chemicals Added?	<input type="checkbox"/> Yes RPBA		
		<input type="checkbox"/> No DDCVA		

BACKFLOW DEVICE(S) – FOR INTERNAL PLUMBING

Please complete the [Mechanical /Plumbing Application](#)

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge and consent.

SIGNATURE: _____ **PRINTED NAME:** _____ **DATE:** _____