



# STORM / SEWER / WATER / BACKFLOW UTILITY PERMIT APPLICATION

Form last updated  
Feb 2018

**Physical Address:**  
Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 E Main St

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

**Webpage & Email:**  
[www.auburnwa.gov](http://www.auburnwa.gov)  
[permitcenter@auburnwa.gov](mailto: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 #: \_\_\_\_\_

Owner/Tenant Name: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Complex Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Suite #: \_\_\_\_\_

For Condominiums – Building Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

For Mobile/Manufactured Homes – Park Name: \_\_\_\_\_ Space #: \_\_\_\_\_

*For Auburn Staff Use Only*

### PERMIT NUMBER

WTR \_\_\_\_\_ - \_\_\_\_\_

SWR \_\_\_\_\_ - \_\_\_\_\_

STM \_\_\_\_\_ - \_\_\_\_\_

BFL \_\_\_\_\_ - \_\_\_\_\_

### Parent Permit #

**Reviewed by**  
Utilities \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT**    Owner    Contractor    Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: Home/Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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#: \_\_\_\_\_

## SCOPE OF UTILITY WORK

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS ANY WORK WITHIN THE PUBLIC ROW?    No    **Yes**    *If Yes, Construction Permit required*

Street(s) affected including cross streets: \_\_\_\_\_

**STORM APPLICATION**

CHECK ALL THAT APPLY: **New Development** **Redevelopment**

**Grading Only** **Work in Critical Area or Its Buffer**

**Storm Drain Repair/Relocation/Demolition**

Notes: SF = square feet; CY = cubic yards  
Single-family residential projects adding or disturbing 500 sf or less may not require a permit, unless in a critical area or its buffer.

Total Area of New Onsite Hard Surfaces (SF): \_\_\_\_\_  
(for System Development Charge calculation)

Total Area of New and/or Replaced Hard Surfaces (SF): \_\_\_\_\_ *If 2,000 SF or more, Grading Permit required*

Total Area to be Disturbed (SF): \_\_\_\_\_ *If 7,000 SF or more, Grading Permit required*

Total Cut and/or Fill to be Added/Removed (CY): \_\_\_\_\_ *If more than 500 CY, Grading Permit required*

For Information Only	
<2,000 sf new/replaced hard surface or < 7,000 sf disturbed	Level 1
2,000 – 4,999 sf new/replaced hard surface or ≥ 7,000 sf disturbed	Level 2
≥ 5,000 sf new hard surface or 0.75 acres native vegetation converted or ≥ 5,000 sf new/replaced hard surface and value of improvements > 50% assessed value	Level 3

**SEWER APPLICATION**

CHECK ALL THAT APPLY: **New Connection** **Side Sewer Repair** **Side Sewer Relocation**

**Demo Capping** **Tenant Improvement** **Grinder Pump** **Grease Interceptor (External)**

**Oil/Water Separator**

**NOTE:** For *Grease Trap (internal)* or *Backwater Valve* to be installed, please complete the [Mechanical /Plumbing Application](#) instead of this Utility Permit Application.

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: *Attach King County Sewer Use Certification form*

**WATER APPLICATION & BACKFLOW DEVICE(S) APPLICATION**

CHECK ALL THAT APPLY: **New Connection** **Meter Removal** **Meter Relocation** **New Fire Hydrant**  
**Service Abandonment** **Service Alteration/Repair** **Backflow Device Installation** **Other: \_\_\_\_\_**

Check all that apply:	RESIDENTIAL SINGLE-FAMILY & DUPLEX DOMESTIC		MULTI-FAMILY AND NON-RESIDENTIAL DOMESTIC		FIRE		IRRIGATION	
	Yes	No	Yes	No	Yes	No	Yes	No
Indicate # of Meters and Meter Size (inches):					N/A			
Existing Meter Box?	Yes	No	Yes	No	N/A		Yes	No
Chemicals Added?	N/A		N/A		Yes	No	Yes	No
Backflow Device(s) for Premises Isolation <sup>1</sup>	N/A		RPBA <sup>2</sup>		RPBA <sup>2</sup>	DCVA <sup>3</sup>	RPBA <sup>2</sup>	DCVA <sup>3</sup>
Size of Fire Line Connection (inches)	N/A		N/A		Existing "	New "	N/A	

<sup>1</sup> 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.

<sup>2</sup> Reduced Pressure Backflow Assembly (RPBA) is required for all multifamily and non-residential domestic service and for any irrigation or fire line where chemicals are added.

<sup>3</sup> Double Check Valve Assembly (DCVA).

**NOTE:** For backflow devices to be installed on individual internal plumbing devices, 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:** \_\_\_\_\_