

**PIERCE COUNTY UTILITIES DEPARTMENT
REQUEST FOR SEWER SERVICE INFORMATION**

Please complete the data in the following table and return to Planning and Land Services Department, Utilities Staff, 2401 South 35th Street, Suite 2, Tacoma, WA 98409-7494. Include any additional information or questions that you may have related to your individual request. **Please complete a separate form for each project.**

The Utilities Department will respond in writing with information on sewer service, estimated cost and procedure for obtaining service.

REQUESTED BY

DATE: _____

NAME: _____

MAILING ADDRESS: _____
ADDRESS CITY STATE ZIP

TELEPHONE/FAX NUMBER: _____

PROPERTY LOCATION

PARCEL NUMBER(S): _____

PROPERTY ADDRESS: _____

ACREAGE CURRENTLY CONNECTED TO SEWER SYSTEM: YES () NO ()

TYPE OF DEVELOPMENT (SINGLE FAMILY, DUPLEX, COMMERCIAL, ETC.) NUMBER OF STRUCTURES

EXISTING: _____

PROPOSED (REQUIRED): _____

IF COMMERCIAL:

a) NUMBER OF UNITS AND/OR TYPE OF TENANTS: _____

b) WATER USE HISTORY – ACTUAL ONE YEAR HISTORY OF FACILITY OR LIKE FACILITY (WATER BILLS, IF AVAILABLE): _____

ATTACH SITE PLAN AND/OR DIAGRAM OF PROPERTY SHOWING STRUCTURES.

REMARKS: _____

**PIERCE COUNTY
DEPARTMENT OF PUBLIC WORKS AND UTILITIES
SEWER UTILITY DIVISION**

Application # _____
Staff Initials _____
Date _____
Customer # _____
FOR COUNTY USE ONLY

TIME AND MATERIALS ACCOUNT INFORMATION FORM

Please note that all applications that require the payment of a non-refundable deposit for plan review and inspection fees must be accompanied by this form. **This form must be completed and signed by the owner(s) of record of the parcel(s) listed below**, notarized, and submitted with the payment of the appropriate non-refundable deposit. If the County's time and materials costs exceed the amount of the non-refundable deposit paid by the owner/applicant, the County will bill the undersigned on a monthly basis in accordance with Pierce County Sanitary Sewer Administrative Code Section 13.04.090.

A. PROJECT INFORMATION

Project Name: _____

Site Address: _____
STREET CITY STATE ZIP

Parcel Number(s): _____

B. REQUEST FOR OVERTIME REVIEW

Would you like this project to be reviewed on overtime? Please check one: YES NO

Please note that requests for overtime reviews of projects typically expedite the plan review process, but do not ensure it. Overtime reviews are billed at higher rates, which are typically one and a half times the normal hourly rate. Overtime work is not mandatory for employees.

C. ACKNOWLEDGEMENT OF RESPONSIBILITY

I(we) hereby certify that **I(we) am(are) the owner(s) of the subject parcel(s) listed above, who shall be responsible for payment** of all time and materials costs incurred by the County for services provided relative to the project listed in Section A above in accordance with the Pierce County Sanitary Sewer Administrative Code Section 13.04.090 as amended from time to time; **and I(we) acknowledge that failure to make payment within 30 days following the billing by the County will result in the County filing a lien against the subject real property parcel(s) for the unpaid balance.**

Signature: _____
INDIVIDUAL OR AUTHORIZED COMPANY REPRESENTATIVE DATE

Name of Signatory Above (Printed) _____

Company _____

Title _____

D. PROPERTY OWNER INFORMATION

Owner's Billing Address: _____
STREET CITY STATE ZIP

Owner's Street Address: _____
(IF DIFFERENT THAN OWNER'S BILLING ADDRESS) STREET CITY STATE ZIP

Owner's Billing Contact Person: _____ Title: _____ Phone #: () _____

E. BILLING INFORMATION – Please complete this section if the owner(s) wish(es) the bills to be forwarded to a designated individual or company. Please note that if the individual or company listed below does not make payment of all outstanding bills, the County will file a lien against the owner’s property.

Designated Company or Individual’s Name: _____

Designee’s Billing Address: _____
STREET CITY STATE ZIP

Designee’s Street Address: _____
(IF DIFFERENT THAN DESIGNEE’S BILLING ADDRESS) STREET CITY STATE ZIP

Designee’s Billing Contact Person: _____ Title: _____ Phone #: (____) _____

F. NOTARIZATION - Use either the corporate or individual notary block below, whichever applies.

Corporate

STATE OF WASHINGTON)
County of _____) ss.

I, the undersigned, a Notary Public, do hereby certify that on this _____ day of _____, _____, _____, known to me to be the _____ of the (corporation/
SIGNATORY’S NAME SIGNATORY’S TITLE
partnership/LLC) that executed the foregoing instrument as the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, personally appeared before me, and on oath stated that (he/she/they) (is/are) authorized to execute said instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS _____ day of _____, _____.

Notary Public in and for the State of Washington,
residing in _____.
My commission expires on _____.

Individual

STATE OF WASHINGTON)
County of _____) ss.

I, the undersigned, a Notary Public, do hereby certify that on this _____ day of _____, _____, _____, known to me to be the individual(s) described in and who executed the
SIGNATORY’S NAME
foregoing instrument, personally appeared before me, and acknowledged that (he/she/they) signed the same as (his/her/their) free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS _____ day of _____, _____.

Notary Public in and for the State of Washington,
residing in _____.
My commission expires on _____.