

Public Works Application Cover Sheet

PW

Permit Number: _____

Assoc. Permits: _____

Please read and follow all instructions on your application, submittal checklists and/or applicable supplemental forms carefully. Staff will not process incomplete applications. Please print or type legibly.

- | | | |
|--|--|---|
| <input type="checkbox"/> Cross Connection Control | <input type="checkbox"/> Industrial Waste, Limited Discharge | <input type="checkbox"/> Storm Drainage |
| <input type="checkbox"/> Critical Areas Permit | <input type="checkbox"/> Right-of-Way Use | <input type="checkbox"/> Tree Removal – Class I |
| <input type="checkbox"/> Fire Hydrant Inspection | <input type="checkbox"/> Right-of-Way Vacation | <input type="checkbox"/> Tree Removal – Class II |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Road Improvement | <input type="checkbox"/> Water Main/Service |
| <input type="checkbox"/> Grease Interceptor | <input type="checkbox"/> Sanitary Sewer System, Public | <input type="checkbox"/> Water Meter Installation |
| <input type="checkbox"/> House Moving | <input type="checkbox"/> Sanitary Sewer System, Private | <input type="checkbox"/> Water Use |
| <input type="checkbox"/> Industrial Waste, Discharge | <input type="checkbox"/> Sewer Capping | <input type="checkbox"/> Weekend Work Approval |

Description of Work:			
Site Address/Location:			
Subdivision:			Lot No.:
Property Owner Name:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Contractor Name:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
State Contractor's License Number:		City Business License Number:	
Contact Person, if different:			Phone:
E-Mail:			Cell:
Subcontractor Name:			Phone:
State Contractor's License Number:		City Business License Number:	
<p>I/We certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my/our knowledge. This application does not constitute approval of permits and/or work to be performed. For specific fee information, see LMC 3.104 or check the fee schedule available online or at our office.</p>			
Signature of Applicant/Agent: _____			Date: _____
Signature of Property Owner: _____			Date: _____

Purity Test Application

File Name: _____

For City Use Only

File Number: _____

Date Stamp

A Purity Test Application shall include the following information, unless specifically waived by the Public Works Director. Applications shall not be considered complete if any of the required information is missing. One purity test on any main extension may be made without charge so long as the test can be made in coordination with a routine group of purity tests.

REQUIRED ITEMS

- 1. Public Works Application Cover Sheet.
- 2. Number of tests requested: _____
- 3. A sketch of the water system requiring tests, including location and north arrow.
- 4. Application fee.

For Staff Use ONLY	
Verified	Waived

FEES See LMC 3.104 or contact our office for current fee information.

- NOTES**
1. The approval of a Purity Test Permit does not in any way replace, modify or waive any requirement for the compliance of the proposal with other applicable codes, standards, or regulations including, but not necessarily limited to, those of the Community Development, Fire or Public Works Departments. You are advised to contact these departments concerning such requirements.
 2. Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.
 3. An application may be amended only in writing.
 4. Submittal of this application grants the appropriate city officials the right of entry to the project site during a reasonable hour and, upon proper identification, to the building, structure and/or premise, which is directly related to this application.
 5. It is the responsibility of the owners, applicants and agents to become aware of the requirements of the Lynnwood Municipal Code.

It is the responsibility of the applicant to contact the Underground Location Center at 1-800-424-5555 (or dial 811) **48 hours prior** to starting work.

I/We certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my/our knowledge. This application does not constitute approval of permits and/or work to be performed. For specific fee information, see LMC 3.104 or check the fee schedule available online or at our office.

Signature of Applicant/Agent: _____ Date: _____

Signature of Property Owner: _____ Date: _____