



CITY OF BLAINE
PUBLIC WORKS DEPARTMENT
1200 YEW AVENUE • BLAINE, WA • 98230
Phone: 360.332.8820 • Fax: 360.332.7124 • Website: www.cityofblaine.com

UTILITY REQUEST

PLEASE NOTE: Applicants will be notified of any deficiencies in their application within 30 days of receipt. If any unresolved deficiencies remain at the end of 120 days the application will become void.
All fields below must be completed or your request will be considered deficient.

APPLICANT IS: ☐ OWNER ☐ CONTRACTOR ☐ OTHER

APPLICANT

MAILING ADDRESS

CITY

STATE

ZIP CODE

CONTACT PHONE NUMBER

EMAIL ADDRESS

STREET ADDRESS OR SUBDIVISION/LOT # OF PROPERTY FOR WHICH SERVICE IS REQUESTED

TAX PARCEL ID NUMBER _____ S.F. _____
APPROXIMATE FLOOR AREA _____
NEW STRUCTURE? ☐ YES ☐ NO ☐ SINGLE FAMILY ☐ DUPLEX ☐ MULTI-FAMILY
☐ COMMERCIAL ☐ OTHER _____ NUMBER OF UNITS

S.F. _____
TOTAL IMPERVIOUS* AREA TOTAL SQ. FOOTAGE OF LOT(S) SITE PLAN ATTACHED? ☐ YES ☐ NO

*(IMPERVIOUS AREA INCLUDES BUILDING FOOTPRINT, DRIVEWAYS, PARKING, PATIO, HARD SURFACES, ETC.)

ANY AREA GREATER THAN 2000 SQ.FT. MUST INCLUDE A STORMWATER PLAN

IS/WAS SITE PREVIOUSLY DEVELOPED? ☐ YES ☐ NO IF YES, PLEASE DESCRIBE: _____

SERVICES REQUESTED FOR SINGLE FAMILY RESIDENCE (SFR)

<input type="checkbox"/> WATER This includes one 3/4" meter	<input type="checkbox"/> SEWER 6" LATERALS TO BE CONSTRUCTED BY OWNER AND BE INSPECTED BY THE CITY.	<input type="checkbox"/> POWER * See reverse side for details This includes one meter, temporary power, early PVC & permanent power AMPERAGE <input type="checkbox"/> 200 <input type="checkbox"/> 320 <input type="checkbox"/> 400
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SERVICES REQUESTED FOR COMMERCIAL, DUPLEX, MULTI-FAMILY OR OTHER

<input type="checkbox"/> WATER METER SIZE QTY. 3/4" _____ Irrigation _____ 1" _____ 1-1/2" _____ 2" _____ See Development Standard Sheet 4-16	<input type="checkbox"/> SEWER 6" LATERALS TO BE CONSTRUCTED BY OWNER AND BE INSPECTED BY THE CITY. See Development Standard Sheet 5-12	<input type="checkbox"/> POWER <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY NUMBER OF METERS _____ <input type="checkbox"/> SINGLE PHASE (120/240V) <input type="checkbox"/> THREE PHASE VOLTAGE _____ <input type="checkbox"/> REWIRE <input type="checkbox"/> LINE EXTENSION AMPERAGE <input type="checkbox"/> 200 <input type="checkbox"/> 320 <input type="checkbox"/> 400 <input type="checkbox"/> Other _____ See Development Standard Sheets 6-1, 6-2 & 6-3
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CONTRACTOR INFORMATION (FOR BILLING DURING CONSTRUCTION)

OWNER INFORMATION (FOR PERMANENT BILLING)

NAME

NAME

MAILING ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

CONTACT PHONE NUMBER

CONTACT PHONE NUMBER

APPLICANT ACKNOWLEDGES HE/SHE MUST **PAY IN FULL** ALL FEES AND CHARGES BEFORE THE CITY WILL **ISSUE A BUILDING PERMIT** (IF APPLICABLE), OR **SCHEDULE SERVICE CONNECTIONS**.

SIGNATURE

DATE