Development Services 333 S. Meridian Puyallup, WA 98371 Phone: 253-864-4165 www.cityofpuyallup.org



Certificate of Water/Sewer Availability Application

Application Fees

Submittal Instructions

Certificate of Water/Sewer Availability Application

Effective Per 4/1/23 City of Puyallup Fee Schedule

A Certificate of Water/Sewer Availability is required for projects needing to confirm the development has adequate water/sewer capacity for a proposed development. This letter is required for all projects located outside of the City's Water/Sewer Service Area.

	Create an account at https://permits.puyallupwa.gov/Portal/Account/Register or Sign into the Create an account at https://permits.puyallupwa.gov/Portal/Account/Register or Sign into the CityView Portal										
2	Select "Apply for an Engineering Permit"										
3	From the <i>Choose</i> sections of the odocuments for S	online form an	d upload all	required docur	nents. Note: Fai	ilure to u					
Subj	ect Property	Informatio	n								
Subjec	t Site Address: _	3601 9	th Str.	SW Puy	aller, WA	9837	3				
Assess	sor' Tax Parcel N	umber: 602	101005	lSubdi	vision/Project N	lame: <u>H</u>	tomewood :	Suites	- S. H. Mall		
# of proposed water connections: # of proposed sanitary sewer connections:											
Subjec	t Site Use Type:	☐ Resident	tial 🗆 Ru	ıral Residential	☐ Multi-Fam	nily 🗵	Commercial		Industrial		
Provide a description for which the utility service is sought. This description shall be sufficiently detailed to enable the City to determine whether service is available and sufficient. (Include information like future usage, existing or proposed service configuration, meter size, supply volume and pressure, designed fire flow in GPM, etc.): Hotel with 108 guestioens and swimming pool											
Арр	licant Informa	ıtion									
Name:	Rogel	Olson									
	Address: 4										
City: _	Fargo		State:	NO	2.5	Zip Code	e: 58104	1			
Phone	701-850-	9953	E-mail:	Rolsone	tharolds	on Lo.	Lom				

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Certificate of Water/Sewer Availability

Owner Information										
Name: <u>Zafaro</u> Northw	ost P	alt ner	ship							
Mailing Address: Po Box										
City: FLorham Parle	State: _	NJ		_ Zip Code	07932-0422					
Phone:	E-mail:									
Type of Utility Certificate Re	quired									
> Indicate the utility availability being	g requeste	b:d								
☐ Water Av	ailability		Sanitary Sewe	r Availability						
Submittal Checklist										
> Use the check boxes below to er	sure the fo	ollowing d	locuments are subm	itted as appli	cable at the time of application					
☑ I. Completed and Signed Certificate of Water/Sewer Availability Application										
2. Site Plan										
Signature										
I certify that I have read this application that the information contained herein				of the laws o	of the State of Washington,					
The undersigned, my appointed representability to provide the indicated service this Certificate, and acknowledge that would incur my financial obligation. Plegal contract between myself and the and financial obligation may be required.	e. I have re t the proportion to final water utiled.	ead and ur osed proje I approval lity which	nderstand the inform ect may require import I for construction of specifies the terms	nation providerovements to the water fa	ed by the water purveyor on the water system which cilities, it is understood that a					
Print Applicant Name: Roser Applicant Signature:	0150,	1		Date:	3/29/2024					