



## **City of Puyallup**

### **Engineering Services**

333 S Meridian Puyallup WA 98371

Tel (253) 841-5577 Fax (253) 840-6678

www.cityofpuyallup.org

## **Certificate of Water or Sanitary Sewer Availability Application**

### **Applicant Information**

Name: Darin Bouska			
Mailing address: 17407 SW Inkster Dr		Sherwood	OR 97140
Telephone number: 503-680-6444		Alternate number:	
E-mail address: Darin@NW-Precision.com			

### **Owner Information**

(If applicant is not the property owner)

Name: LMC PUYALLUP LLC	
Mailing address: 13949 Ventura Blvd. #300 Sherman Oaks, CA 91423	
Telephone number:	Alternate number:
E-mail address:	

### **Property Information**

(Property for which the applicant seeks water or sanitary sewer availability)

Address: 4227 S MERIDIAN , Suite C		Puyallup	WA
Assessor's tax parcel number: 0419106015			
Submit an 8.5 x 11 site plan showing existing and proposed new construction (if applicable)			

**Please check:**      ☐ Residential      ☒ Commercial

#### **Type of request:**

- ☒ Water availability
- ☒ Building Permit
- ☐ Septic System Approval
- ☐ Sanitary sewer availability
- ☐ Hydraulic Modeling
- ☐ TPCHD water adequacy verification
- ☐ TPCHD sewer/septic verification

#### **Fees:**

\$40  
\$40  
\$400  
\$40  
\$40

I declare, under penalty of perjury, of the laws of the State of Washington, that the foregoing is true and correct.

Signature:  Date: 1/17/22



# CERTIFICATE OF WATER AVAILABILITY

City to Add  
Application Number

## **PART A TO BE COMPLETED BY APPLICANT**

PROJECT ADDRESS

SUBDIVISION/PROJECT NAME  PARCEL

Proposed water usage  (# connections)

Customer Type ☐ Rural residential ☒ Residential ☐ Multi-family ☐ Commercial ☐ Industrial

I, the undersigned, or my appointed representative have requested the following purveyor to certify willingness and ability to provide the indicated service. I have read and understand the information provided by the water purveyor on this Certificate, and acknowledge that the proposed project may require improvements to the water system which would incur my financial obligation. Prior to final approval for construction of the water facilities, it is understood that a legal contract between myself and the water utility which specifies the terms of water service, operational responsibility, and financial obligation may be required.

PRINT NAME  SIGNATURE

ADDRESS  CITY  ST  ZIP

(Please ensure that the above is completed PRIOR to submittal to the Water Purveyor.

## **PART B TO BE COMPLETED BY WATER PURVEYOR**

Water system to provide service  State ID #

The proposed development ☒ is ☐ is not within our approved service area.

This water utility ☒ will ☐ will not be providing service.

Approved number of connections  Existing source capacity

Number of current/existing users  Existing storage

Water service will be provided by:

- ☐ Direct connection to approved, existing water main.
- ☐ Extension of existing water main(s).
- ☐ New water system in accordance with WAC 246-290 and Pierce County Ordinances 86-117S3 and 92-99

Are water system facilities approved according to DOH requirements?

Water service will be made available to this project by (date).

\*\*\*\*\*NOTE: Completion of page 2 and water purveyor signature are required. \*\*\*\*\*