# PRE-APPLICATION REPORT

*(Submit Application, Plot Plan and Other Required Documents in Triplicate)*
ATTACH A ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

RECORD I.D. NUMBER
**S U**
HEALTH DEPT. USE ONLY

**REQUEST FOR SUBDIVISION PRE-APPLICATION REVIEW**

## PUBLIC HEALTH – SEATTLE & KING COUNTY ENVIRONMENTAL HEALTH DIVISION

Complete the following and submit with the appropriate fee.
Fee…$728 plus $115 per lot.

Check Appropriate Box: SUBDIVISION ❑ SHORT SUBDIVISION ❑

•NOTE•
THIS APPLICATION IS FOR PRELIMINARY REVIEW OF PROPOSED METHODS OF SEWAGE DISPOSAL AND WATER SUPPLY

**SUBMIT APPLICATIONS TO:**
**Eastgate Environmental Health Services**
**14350 SE Eastgate Way**
**Bellevue, WA 98007**
**206-296-4932**

APPROXIMATE STREET ADDRESS_____

NAME AND/OR NUMBER OF D.D.E.S. APPLICATION_____

LEGAL DESCRIPTION_____

PARCEL # |___|___|___|___|___|___|---|___|___|___|___|

NUMBER OF ACRES _____ NUMBER OF LOTS TO BE REVIEWED_____ SMALLEST LOT SIZE_____ SQ. FT.

OWNER_____ ADDRESS_____ PHONE#_____

AGENT_____ ADDRESS_____PHONE#_____

**THE FOLLOWING INFORMATION MUST BE PROVIDED:**

WATER SUPPLY (Complete Section 1, 2 or 3 below):

Section 1. ❑ Existing Public Water Supply_____
Attach Certificate of Water Availability (Name)

Section 2. ❑ Proposed Public Water Supply_____
(Name)

❑ Declaration of Covenant(s) Attached ❑ Recording #_____, or ❑ To be recorded with final approval

❑ Restrictive Covenant(s) (if applicable) Attached ❑ Recording # _____, or ❑ To be recorded with final approval

❑ Water Use Agreement Attached ❑ Recording #_____, or ❑ To be recorded with final approval

❑ Waterline Easements Attached ❑ Recording #_____, or ❑ To be recorded with final approval

Section 3. ❑ Individual Wells (Minimum lot size required for individual well is 5 acres)

❑ Adequate water availability to be demonstrated prior to final approval or statement that an adequate water supply has not been demonstrated.

❑ Protective covenants to be recorded prior to final subdivision approval

SEWAGE DISPOSAL (Complete Section 1, 2 or 3 below):

Section 1. ❑ Existing Sewer System_____
Attach Certificate of Sewer Availability (Name)

Section 2. ❑ Individual On-Site Sewage Systems (OSS)
Attach Soil Log Descriptions including soil type designation; (Minimum **2** per lot) and
Plot Plan (to include lot lines, lot sizes, location of existing sewage system(s) and soil log holes)

Section 3. ❑ Community/Larger On-Site Sewage System (Attach Preliminary Report)

I, hereby, certify that the information given in this application is a true and accurate representation of the existing conditions on this plat.

Signature of Owner/Agent _____ Date _____

Name of Licensed OSS Designer/P.E. (*please print*) _____.License # _____

Signature of Licensed OSS Designer/P.E _____ Date _____

❑ APPROVED

❑ DISAPPROVED _____ _____ _____
(Date) (Health &Environmental Investigator) (District Supervisor)

COMMENTS/CONDITIONS _____

DATE RECEIVED

**Any person aggrieved by any decision or final order of the Health Officer may file a written application to health officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee.**