

Seattle-King County Health Department
APPLICATION for Hourly Plan Review

Date_____

SR #_____

Current Hourly Rate: \$184.80

Source Site Parcel #

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Hourly Plan review fee for
_____ Water System Management Agreement review
_____ Declaration of Covenant or Restrictive Covenant review
_____ Water Line Easement/well 30foot access easement; etc.
_____ Other _____ Specify _____

Water System Name*: _____ ID #

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Approximate Site Address: _____

ATTACH A DETAILED ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

Applicant Name _____

Street Address _____

City	Zip Code	Phone
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Designer _____

Last	First
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FOR HEALTH DEPARTMENT USE ONLY

APPROVED_____ BY:_____

(date)

DISAPPROVED_____ BY:_____

(date)

Received
