



RESIDENTIAL UTILITY SERVICE

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007

INSTRUCTIONS:

Below is a checklist of items that must be submitted as part of your application for **RESIDENTIAL** utility service. Below outlines the minimum information that must be provided on your plan sheets.

This purpose of this checklist is to determine completeness of a submittal.
The checklist does not verify the accuracy of materials received.

SUBMITTAL OPTIONS:

- **ELECTRONIC** Submittals can be made electronically by requesting a Sharefile link at building@monroewa.gov. Please see the General Guidelines (*attached*) for electronic submittals.
- **IN PERSON** If you prefer to submit hard copies in person at City Hall, please call the Permit Center @ 360-863-4501 for an intake appointment. If making application in person, please provide (1) original plus (1) copy of all checklist items in addition to a CD with individual PDFs of each of the required items.

SUBMITTAL CHECKLIST

- Completed Combined Permit Application
- Site Plan

SITE PLAN REQUIREMENTS

- Show all lot dimensions
- Show all streets and label street names
- Show outline of house, garages and driveway on property
- Show all driveways and access easements
- Show any existing water meters, water and sewer stubs, and septic systems/drainfield
- Indicate which direction is North on the site plan



Community Development
Permit Division

806 West Main Street, Monroe, WA 98272
Phone (360) 794-7400 Fax (360) 794-4007
www.monroewa.gov

FOR OFFICE USE ONLY
PERMIT FILE #
APPLICATION #
SEPA #

COMBINED PERMIT APPLICATION

PERMIT SUBMITTAL HOURS
MONDAY - FRIDAY 8:00 - 12:00 / 1:00 - 5:00

Building Operations Fire Land Use
[] Basic SFR [] Engineering Review [] Fire Alarm [] Type I Permit
[] Commercial T/I [] Fencing [] Fire Sprinkler [] Type II Permit
[] Demolition [] Grading [] High Piled Storage [] Type III Permit
[] Garage/Carport [] Retaining wall [] Hood Suppression [] Type IV Permit
[] Mechanical [] Rockery [] Operational [] See permit types listed on
[] New Construction (Commercial/Residential) [] Right-of-Way Disturbance [] Spray Booth attached form
[] Plumbing [] Utility Service [] Tents & Canopies [] Other
[] Racking [] Other [] Other
[] Residential Remodel
[] Other

NOTE: All required Electrical Permits will be issued by the Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location:

Size of site (acre/square feet):

Assessor's Tax Parcel Number (14 digits):

Applicant: Phone # ()

*Signature: Printed Name:

Mailing Address: Fax # ()

City State Zip E-mail

Property Owner: Phone # ()

**Signature: Printed Name:

Mailing Address: Fax # ()

City State Zip E-mail

Attach a separate sheet for additional property owners/additional addresses

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

**Property Owners: by your signature above, you hereby certify that you have authorized the above applicant to make application on your behalf for this application.

PART 1 – General Information

- You will need to fill out a utility service application if you are establishing or changing a city water or sewer service.

New or existing construction _____

Square footage of building _____ Square footage of property _____

PART 2A – Single family residence / Multi-family up to 4 units

Single family residence? Yes _____ No _____

Multifamily residential (up to 4 units):

Number of units _____ Would you like a separate meter for each unit? _____

Please check all services requested:

Water	<input type="checkbox"/>
Sewer	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>
Fire Sprinkler	<input type="checkbox"/>

Meter size requested:	Quantity:
<input type="text" value="3/4''"/>	<input type="text"/>
<input type="text" value="1''"/>	<input type="text"/>
<input type="text" value="1-1/2''"/>	<input type="text"/>
<input type="text" value="2''"/>	<input type="text"/>
<input type="text" value="Other _____"/>	<input type="text"/>

(1) Please check any of the following that your residence has, or will have:

Auxiliary water system (well, pond, creek, other) _____
Solar hot water heating system _____

- Home three stories or more tall _____
- Fire system (with or without booster pump) _____
- Fire system (with antifreeze) _____
- Irrigation system (with or without booster pump) _____
- Irrigation system (with chemical addition) _____
- Booster Pump _____

(2) Are you aware of any existing backflow protection located at this property? Please describe:

PART 3 – Billing Information	
Name _____	Phone _____
Address _____	

THIS SECTION TO BE COMPLETED BY THE WATER QUALITY DEPARTMENT							
TYPE OF WATER USE	HAZARD ASSESSMENT		BACKFLOW PROTECTION REQUIRED				
	LOW	HIGH	NONE	DCVA	DCDA	RPBA	RPDA
DOMESTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRRIGATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATUS OF METER	<input type="checkbox"/> METER IS SET		<input type="checkbox"/> OK TO INSTALL UNLOCKED				
CCS INITIALS			<input type="checkbox"/> LOCKED PER WATER QUALITY				