

# Building Clearance Application

For Onsite Sewage Disposal & Drinking Water Supply

Submittal Date	Memo Number	Review Fee

Please see the *Environmental Health Fee Schedule* for current fees.

SITE ADDRESS	OWNER OR APPLICANT INFORMATION		
Street Address	First Name	Last Name	Contact Phone
City	Contact Email		
Assessor's Account Number	Mailing Street Address		
	Mail City	State	Zip/Postal

A SCALED SITE PLAN MUST BE SUBMITTED AS PART OF THIS APPLICATION.  
THE SITE PLAN MUST COMPLY WITH THE SITE PLAN REQUIREMENTS FOUND HERE:  
<https://kitsappublichealth.org/environment/files/policies/2.pdf>

EXISTING CONDITIONS	
Existing # of Bedrooms  Residence + Outbuildings = Total Bedrooms  _____ + _____ = _____	Water Source: <input type="checkbox"/> Individual Private Drilled Well <input type="checkbox"/> 2-Party Private Drilled Well <input type="checkbox"/> Dug Well  <input type="checkbox"/> Public Water – Water Supply Name _____

PROPOSAL	
Existing Residence	Detached Structure <input type="checkbox"/> Proposed <input type="checkbox"/> Not proposed
Additional bedrooms proposed within existing residence:  _____	Plumbing in detached structure? <input type="checkbox"/> Yes <input type="checkbox"/> No Detached structure amenities: <input type="checkbox"/> Kitchen <input type="checkbox"/> Office/studio <input type="checkbox"/> 1/2 Bath (no shower/tub) <input type="checkbox"/> Full Bath <input type="checkbox"/> Rec room <input type="checkbox"/> Other amenities: _____ Number of proposed bedrooms in detached structure: _____
Describe the project in detail:  _____  _____  _____	

APPLICANT ACKNOWLEDGEMENT		
I certify that (1) the information contained in this application is true and accurate to the best of my knowledge and (2) the application represents my intended use of this property.		
Name	Signature	Date