

Lewis County Community Development

2025 NE Kresky Ave, Chehalis, WA 98532 • Phone: (360) 740-1146 • Fax: (360) 740-1245

SEWER AVAILABILITY APPROVAL

Associated Permits: _____

Site Address: _____

Applicant's Information:

Name: _____

Mailing Address: _____

Street

City

State

Zip

Type of development to be supplied by the Sewer System:

Single-family residential Multi-family residential Commercial Other (describe)

Number of connections necessary for proposal: _____

Signature of Applicant: _____ Date: _____

To be completed by authorized sewer system personnel:

The above named applicant has submitted a development permit application requiring verification of a valid sewer connection. Please review the information provided and determine if all appropriate fees have been paid and the connection is authorized.

System Name: _____ Tax Parcel #: _____

Site Location: _____

This system has authorized a connection and will provide service to the site and project listed above:

Yes _____ No _____ Connection # (if applicable) _____

This property is located at the address listed at the top of this page. All fees have been paid and the connection is authorized.

Certified by (Signature / Title): _____ Date: _____