

CITY OF OKANOGAN WATER SERVICE APPLICATION

PROPERTY OWNER'S NAME, MAILING ADDRESS & CONTACT PHONE NUMBER				
STREET ADDRESS OF SITE:			PARCEL NUMBER	
SHORT LEGAL DESCRIPTION OF PROPERTY				
INITIAL INSTALLATION OF SERVICE REQUESTED				
METER SIZE: (Please circle one) 3/4" 1" 1 1/2" 2" Larger?				
REQUESTED PERMIT USE			ESTIMATED TURN-ON DATE:	
TYPE		DESCRIPTION(S)		
RESIDENTIAL DOMESTIC USE:	Yes No			
COMMERCIAL:	Yes No			
INDUSTRIAL:	Yes No			
OTHER:	Yes No			
HAZARDS & CONTROL				
TYPE		DESCRIPTION(S)		
ALTERNATE WATER SOURCE (examples) Private Well Irrigation District Other:				
ACTIVITIES (examples) Swimming Pool Spa/Hot Tub Fountain/Pond Sprinkler System Other:				
SPECIALIZED EQUIPMENT (examples) Home Business Photo Studio Tattoo Parlor Kidney Dialysis Other:				
OTHER: (examples) Livestock Kennel				
Existing Utilities (examples) Private and/or Public Water Sewer Storm Drainage Power	None:	On Site:	Public:	Other:

The above answers are true and complete to the best of my knowledge. I understand that the water service purveyor is relying on them to make their decision. Further that said service if granted, is contingent on continued compliance with City of Okanogan ordinances regulating water service, use and related fees.

Signature: _____

Date Submitted: _____

Public Works

Comments: _____

Licensed Contractors Name: Contractor's License No:
--

FEES: _____ (computed by: _____) RECEIPT # _____

Equivalent Residential Units: _____ Hazards Controls Verified by: _____

_____ Date

Public Works Director

Date

Description	Date	Signature
Fill out Application		
Forward to:		
<i>Water Manager</i>		
<i>Sewer Plant Operator</i>		
<i>Other Public Works</i>		
<i>Building Official</i>		
<i>Fire Chief</i>		
Contact Applicant		
Review Application		
Forward to Clerk's Office		
Determine Fee		
Send Applicant Letter		
Collect Fees		
Forward to Public Works		
Determine Date of Work		
Inspection of Work in Progress		
Inspect Backflow		
Final Approval		
Date Completed		
Distribute for Record Keeping		