



Sewer Availability /Non-Availability Certificate

CITY OF BURIEN CERTIFICATE OF SEWER AVAILABILITY/NON-AVAILABILITY

Certificate of Sewer Availability

SW Suburban Sewer District
17840 Des Moines Mem Dr S
Burien, WA 98148
(206) 244-9575

Certificate of Sewer Non-Availability

Midway Sewer District
3030 So. 240th St.
Kent, WA 98032
(206) 824-4960

Valley View Sewer District
PO Box 69550
3460 S 148th St., Suite 100
Tukwila, WA 98168 (206) 242-3236

Part A (To Be Completed by Applicant)

Purpose of Certificate:

- Building Permit
- Short Plat

- Preliminary Plat or PUD
- Rezone or other _____

Accessory Dwelling Unit

Applicant's Name _____ Phone _____

Proposed Use _____

Location _____

(Attach map and legal description if necessary)

Part B: (To Be Completed By Sewer Agency)

1. a. Sewer service will be provided by side sewer connection only to an existing _____ size sewer _____ feet from the site and the sewer system has the capacity to serve the proposed use.

Or b. Sewer service will require an improvement to the sewer system of:
 (1) _____ feet of sewer trunk or lateral to reach the site; and/or
 (2) The construction of a collection system on the site; and/or
 (3) Other (describe) _____

2. (Must be completed if 1.b above is checked)

a. The sewer system improvement is in conformance with a City-approved sewer comprehensive plan.

Or b. The sewer system improvement will require a sewer comprehensive plan amendment

3. a. The proposed project is within the corporate limits of the district, or has been granted Boundary Review Board (BRB) approval for extension of service outside the district or city.

Or b. Annexation or BRB approval will be necessary to provide service.

4. A sanitary sewer easement encumbers this property. Yes No

5. This property is subject to Shoreline approval. Yes No

6. Service is subject to the following:

a. District Connection Charges due prior to connection: _____
GFC: \$ _____ SFC: \$ _____ UNIT: \$ _____

Treatment Capacity Charge: \$ _____ TOTAL: \$ _____

(Subject to Change on January 1st)

b. Easements: Required May be Required

c. Other: _____



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COMMENTS/CONDITIONS _____

I hereby certify that the above sewer agency information is true. This certification shall be valid for one year from date of signature.

(Agency Name)

(Title)

(Print Name)

(Signature/Date)

ADDITIONAL TERMS AND CONDITIONS TO CERTIFICATE ON REVERSE SIDE

ADDITIONAL TERMS AND CONDITIONS

1. This Certificate of Sewer Availability is valid only for the real property referenced herein for the sole purpose of submission to the appropriate building, engineering and/or health departments of other governmental agencies. This Certificate is between the District and the Applicant only and cannot be assigned or transferred by any party. Further, no third party shall have any rights hereunder, whether by agency, as a third-party beneficiary or otherwise.
2. The District makes no representations, express or implied, that the Applicant will be able to obtain the necessary permits, approvals, and authorizations from any governmental agency necessary before Applicant can utilize the utility service which is the subject of this Certificate.