



SNOHOMISH HEALTH DISTRICT
 3020 Rucker #104
 Everett WA 98201-3900
 Water/Wastewater Section 425.339.5250

Town of Woodway
**REQUEST FOR A HEALTH DISTRICT
 PRELIMINARY CONSTRUCTION
 CLEARANCE REVIEW**

Property Tax Account Number:

Owners Name: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Address: _____ City: _____ Zip: _____

SITE ADDRESS: _____ **CITY:** _____

SITE LEGAL DESCRIPTION AND LOT #: _____ SP #/Plat name _____

Is Septic System/Drainfield: INSTALLED/EXISTING* PROPOSED NOT APPLICABLE

*If installed/existing, approximate year of installation _____

Has a new onsite sewage disposal system application been made to the Snohomish Health District in conjunction with this proposed building project? _____ **yes** _____ **no.**

Indicate source of water: INDIVIDUAL WATER SUPPLY PUBLIC WATER SYSTEM

Explain building project and its use (SFR, addition, shed, etc.): _____

Is plumbing for any structures: EXISTING PROPOSED BOTH EXISTING/PROPOSED

Indicate total number of **bedrooms** before and after construction: _____ / _____

ATTACH A COPY OF PLOT PLAN - 8 1/2" x 11" minimum showing:

- | | |
|--|---|
| 1. Dimensions of Property Lines. | 4. Location of Septic Tank and Drainfield, if known. |
| 2. Dimensions of Existing Structures and their distances from Lot Lines. | 5. Roads, Easements, Driveways, Parking and Pavement Areas. |
| 3. Dimensions & Description of Proposed Construction. | 6. Location of Water Well. |
| | 7. North Arrow. |

Clearance review fee will be charged at the time project building permit is issued.

You have requested the Snohomish Health District (SHD) to perform a preliminary review based upon the information you have submitted to SHD as of the date of review. Any notice of preliminary approval hereby does not constitute a vested right, guarantee, or warranty of subsequent construction clearance approval if in fact you proceed by filing application for a building permit with the City or County Building Permit Authority, and SHD is thereafter requested to evaluate the project at that time.

Signature of Applicant _____ **Date** _____

FOR HEALTH DISTRICT USE ONLY

PRELIMINARY BUILDING CLEARANCE:

APPROVED: _____

CONDITIONAL APPROVAL _____

DISAPPROVED _____

REVIEWING SANITARIAN: _____ **DATE:** _____