



## Permit Details

|                             |   |  |  |                   |
|-----------------------------|---|--|--|-------------------|
| <b>History</b>              | Any previous site evaluations or designs for this site? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:   |  |  |                   |
|                             | What year was work done?  |  |  |                   |
|                             | Name or project file number:  |  |  |                   |
| <b>Site evaluation</b>      | <input type="checkbox"/> Existing lot   | <input type="checkbox"/> Proposed lot      |  |                   |
| <b>Design type</b>          | <input type="checkbox"/> Aerobic/Drip   | <input type="checkbox"/> Glendon           | <input type="checkbox"/> Packed Bed Filter |                   |
|                             | <input type="checkbox"/> Aerobic/Mound  | <input type="checkbox"/> Gravel Filter     | <input type="checkbox"/> Sand Filter       |                   |
|                             | <input type="checkbox"/> Aerobic/Pressure   | <input type="checkbox"/> Gravity with Pump | <input type="checkbox"/> Sand Lined        |                   |
|                             | <input type="checkbox"/> Conventional/Gravity   | <input type="checkbox"/> Mound             | <input type="checkbox"/> Other, describe:  |                   |
|                             | <input type="checkbox"/> Conventional/Pressure  | <input type="checkbox"/> Oscar             |  |                   |
| <b>System use</b>           | <input type="checkbox"/> Residential →  | # of bedrooms:                             | # gal/day/bedroom:                         | total daily flow: |
|                             | <input type="checkbox"/> Non-residential →  | # of occupants:                            | # gal/day/occupant:                        | total daily flow: |
| <b>Proposed subdivision</b> | <input type="checkbox"/> No subdivision proposed<br><input type="checkbox"/> Short subdivision (2-4 lots)<br><input type="checkbox"/> Long subdivision (5 or more lots); lot # ___ of ___ lots<br>Proposed subdivision name:<br>Lot size (acres): |  |  |                   |

## Staff Use Only Below This Line

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## Inspections

Site evaluation \_\_\_\_\_/\_\_\_\_\_

Design review \_\_\_\_\_/\_\_\_\_\_

Soil/site preparation \_\_\_\_\_/\_\_\_\_\_

Above/below ground \_\_\_\_\_/\_\_\_\_\_  
devices

Open trenches \_\_\_\_\_/\_\_\_\_\_

Pressure test \_\_\_\_\_/\_\_\_\_\_

Self-inspection \_\_\_\_\_/\_\_\_\_\_

Installed as designed \_\_\_\_\_/\_\_\_\_\_

Final inspection \_\_\_\_\_/\_\_\_\_\_

<sup>1</sup> SCC 14.06.090(1)(b)



# Contact Information & Signature Form

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273  
voice 360-416-1320 · inspections 360-416-1330 · [www.skagitcounty.net/planning](http://www.skagitcounty.net/planning)

|              |
|--------------|
| Permit #:    |
|              |
| Received by: |

Attach this form to an application that requires it. An application will not be accepted without this form.

By signing this form, the undersigned certifies that the statements, answers, and information both on this form and the remainder of this permit application are true and correct to the best of his or her knowledge and belief.

## Applicant/Contact

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Property Owner

Same as applicant     Multiple owners (attach additional page)

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Contractor/Designer/Installer

None     Same as applicant     Same as property owner

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ License # \_\_\_\_\_ Expires \_\_\_\_\_

## Financing<sup>1</sup>

None     Lender below is providing construction financing     Firm below has issued payment bond

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## Signature

- I am the owner of the subject property and I grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application; OR
- I have the consent of the owners of the subject property and have attached Agent Authorization Form(s) (SCC 14.06.090); OR
- This is a fire suppression permit, mechanical/plumbing permit, septic permit, water review, or pre-development/pre-app meeting request; the property owner's authorization is not required.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

<sup>1</sup> Required by RCW 19.27.095(2)(d) for building permit applications.



# Agent Authorization Form

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|              |
|--------------|
| Permit #:    |
|              |
| Received by: |

Use this form to authorize someone other than the property owner to apply for permits for the subject property.

## Project Site

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Authorization Statement

I/we, as the owners of the property identified above, authorize \_\_\_\_\_ to act as agent to submit applications, receive correspondence regarding the application, and sign title notices on my behalf.

I/we grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application.

## Property Owner Signature(s)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

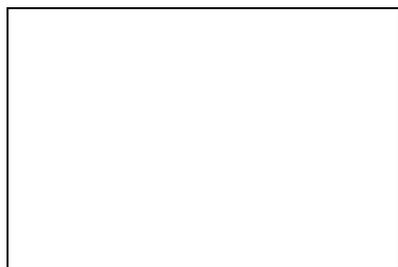
Company: \_\_\_\_\_

Date: \_\_\_\_\_

## Notarization

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_



(Notary seal or stamp above)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My appointment expires \_\_\_\_\_