BIRCH BAY WATER AND SEWER DISTRICT WHATCOM COUNTY, WASHINGTON

APPLICATION FOR DEVELOPER EXTENSION TO SANITARY SEWER SYSTEM

1. The undersigned applies to Birch Bay Water and Sewer District, Birch Bay, Washington, for permission to construct and install an extension of the District's sanitary sewer system located in public rights-of-way under the District's franchise, and/or on easements over private property to connect to the District's sanitary sewer system, all of which are subject to the approval of the District.

The proposed extension will be installed in roads and/or easements and/or on

2. A check for the \$500.00 review fee for this application is attached.

3.

| | other approved public rights-of-way and shall be for the use and benefit of the property legally described as follows: |
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| | The common street address of the property is, |
| | and the legal description of the property is: |
| 4. | (a) Describe the type of improvements planned for the above-described property, i.e., single family residences, other individual residential units or commercial usage, and the proposed number of units. |
| | |
| | |

- (b) Attached to the application shall be two copies of each of the following:
- A preliminary plan setting forth the proposed development.
 - The plan shall include property boundary lines, indication of type of development, location of roads, building and/or other important features, type of building construction, and the number of units shall be stated.
- A final or preliminary plat map or property map of the property to be developed.

| | Existing and proposed roadway profiles. |
|----|--|
| 5. | Set forth the proposed date for construction of the project and the anticipated completion date for the project: |
| | Start of Construction: |
| | Completion Construction: |
| 5. | Set forth common street address and telephone number of Developer and Property Owner: |
| | Developer: |
| | Property Owner: |
| 7. | (a) Have you made an application to Whatcom County or any other municipality having jurisdiction of the project for a building permit or for approval of a plat, a short plat, a rezone or a planned unit development? If yes, list the name of the agency or agencies and type of action requested. |
| | Name of Agencies Type of Action Dates Applied |
| | |
| | (b) Have you prepared an environmental checklist, negative declaration of EIS? |
| | Yes No |
| | If yes, list name of lead agency: |
| | Date of application: |

If an EIS, negative declaration or checklist has been completed, attach a copy.

A contour map of the area with a five foot contour interval or less. Datum shall be based on the most recent U.S.C.G.S. with benchmark locations

shown.

| you cannot comply. | items on the checklist with which you have a quest |
|--|--|
| | |
| | |
| Do you want the Distr project? | rict's consultants to prepare the plan for the pro |
| Yes | No |
| Prepared by: Date: | |
| Developer: Telephone No.: | |
| Property Owner: Telephone No.: | |
| Engineer: Address: Telephone No.: | |
| Architect: Address: Telephone No.: | |
| Contact Person: Address: Telephone No.: | |