CITY OF BURIEN CERTIFICATE OF SEWER AVAILABILITY/NON-AVAILABILITY

☐ Certificate of Sewer Availability  ☐ Certificate of Sewer Non-Availability

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

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  ☐ Preliminary Plat or PUD
☐ Short Plat  ☐ Rezone or other ______________________

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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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)                                                                       (Print Name)

__________________________________              _______________________________
(Title)                                                                                (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 can not 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.