



# City of Puyallup | Engineering Services UTILITY CONNECTION PERMIT

Tel: 253.864.4165 | Fax: 253.840.6678

### Submittal Checklist

|                  |                      |
|------------------|----------------------|
| <u>Applicant</u> | <u>City Received</u> |
| Yes N/A          | Yes                  |

#### Documents

- |                          |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Completed Application Form   | <input type="checkbox"/> |
| <input type="checkbox"/> | 4 copies of site plan showing location of proposed work (8 1/2" x 11") | <input type="checkbox"/> |
| <input type="checkbox"/> | Plan Review Fee*   | <input type="checkbox"/> |

#### If work within the City's Right of Way the following is Required

- |                          |                          |                                   |                          |
|--------------------------|--------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Street Obstruction Bond           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Insurance & CG 20 12      | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Named Authorized Company Employee | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Traffic Control Plan              | <input type="checkbox"/> |

Checked in by : \_\_\_\_\_

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

**Please see page 2 for construction permit fees and additional Right of Way information.**

### OWNER

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

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

### CONTRACTOR

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

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

WA State License No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

City Business License No: \_\_\_\_\_

### SITE ADDRESS

Parcel: \_\_\_\_\_ Zoning: \_\_\_\_\_

**COMMERCIAL** This application is for repairs to existing services. *New utility connections for commercial buildings require a separate civil permit.*

Sewer Repair pipe size/type \_\_\_\_\_ length \_\_\_\_\_ ft

Water Repair meter size \_\_\_\_\_ length \_\_\_\_\_ ft

**RESIDENTIAL** *\*New connections require a separate Right of Way permit to connect to the main.*

Sewer Repair pipe size/type \_\_\_\_\_ No. of cleanouts \_\_\_\_\_ length \_\_\_\_\_ ft

New Sewer Connection\* pipe size/type \_\_\_\_\_ No. of cleanouts \_\_\_\_\_ length \_\_\_\_\_ ft

Water Repair meter size \_\_\_\_\_ length \_\_\_\_\_ ft

New Water Connection\* meter size \_\_\_\_\_ length \_\_\_\_\_ ft

**Water turn-on fee must be paid for and coordinated directly with the Utility Billing Division located on the 3<sup>rd</sup> floor of City Hall or by phone at 253.841.5550.**

Irrigation? No  Yes  \*If yes, a plumbing permit and backflow device are required.

**If the home is currently served by a septic tank and/or well, a separate application with the Pierce Co Health Dept. is required.**

### CERTIFICATION:

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I am either the owner of the property described, or I represent the owner as signified above and am acting with the owner's full knowledge and consent.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_



## City of Puyallup | Engineering Services

### UTILITY CONNECTION PERMIT

Tel: 253.864.4165 | Fax: 253.840.6678

## UTILITY PERMIT APPLICATION FEES

### Sanitary Sewer plan review permit and inspection fees:

|   |                         |
|---|-------------------------|
| Commercial/Multi-Family new connection                    | \$160 + Inspection Fees |
| Residential on-site repair                                | \$160.00                |
| Residential new connection - stub connection              | \$356.00 + (SDC)        |
| Residential new connection - tap main (includes ROW fees) | \$636.00 + (SDC)        |

### Water Service plan review permit and inspection fees:

|   |                         |
|---|-------------------------|
| Commercial/Multi-Family new connection            | \$130 + Inspection Fees |
| Residential on-site repair                        | \$130.00                |
| Residential new connection – 5/8” meter set only  | \$500.00 + (SDC)        |
| Residential new connection – main tap & meter set | \$2,638.00 + (SDC)      |

*Contact Engineering Services for current System Development Charges (SDC) fee information.*

## RIGHT OF WAY PERMIT REQUIREMENTS

1. City of Puyallup Business License. *Per PMC Chapter 5.04*
2. \$5,000.00 Street Obstruction Bond (on City of Puyallup form) and Power of Attorney attached. *Per PMC Chapter 11.04.050*
3. Certificate of Insurance evidencing Commercial General Liability Insurance with minimum limits of \$1 million combined single limits per occurrence. The City of Puyallup shall be named as an additional insured under the applicants General Liability Insurance policy using ISO Additional Insured – State or Political Subdivisions – Permits CG 20 12 or a substitute endorsement providing equivalent coverage. *Per PMC Chapter 11.04.050*
4. Active Washington State Contractors License. *Per Chapter 18.27 RCW*
5. Authorization letter from the Company listing personnel authorized to obtain permits on their behalf. This letter is to be on Company letterhead and signed by the person signing the Street Obstruction Bond.

City of Puyallup | Engineering Services  
333 S Meridian | Puyallup | WA 98371  
Tel: (253) 864-4165 | Fax: (253) 840-6678  
[www.cityofpuyallup.org](http://www.cityofpuyallup.org)