

Building Clearance Application

For Onsite Sewage Disposal & Drinking Water Supply

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

SITE INFORMATION		OWNER OR APPLICANT INFORMATION	
Street Address		First Name Last Name	
City		Email Address	
Assessor's Account Number		Mailing Street Address	
		Mail City State Zip	
<p>A SCALED SITE PLAN MUST BE SUBMITTED AS PART OF THIS APPLICATION. THE SITE PLAN MUST COMPLY WITH THE SITE PLAN REQUIREMENTS FOUND HERE: https://www.kitsappublichealth.org/ehdocs/ossolicy2</p>			
<p>I understand that if animals are present, they must be restrained/removed from the area during the Health District's Inspection. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
EXISTING CONDITIONS			
Existing # of Bedrooms Residence + Outbuildings = Total Bedrooms + =		Water Source <input type="checkbox"/> Individual Private Drilled Well <input type="checkbox"/> 2-Party Private Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Public Water – Water Supply Name _____	
PROPOSAL			
Existing Residence		Detached Structure <input type="checkbox"/> Proposed <input type="checkbox"/> Not Proposed	
Additional bedrooms proposed within existing residence:		Plumbing in detached structure? <input type="checkbox"/> Yes <input type="checkbox"/> No Detached structure amenities: <input type="checkbox"/> Kitchen <input type="checkbox"/> Office/Studio <input type="checkbox"/> Full Bath ½ Bath (no shower/tub) Rec Room <input type="checkbox"/> Other _____ Number of proposed bedrooms in detached structure: _____	
Describe the project in detail:			
APPLICANT ACKNOWLEDGEMENT			
I certify that (1) the information contained in this application is true and accurate to the best of my knowledge, and (2) the application represents my intended use of this property.			
Name	Signature		Date