WATER AVAILABILITY VERIFICATION APPLICATION

Prior to the issuance of a building permit to any building requiring potable water, evidence of an adequate water supply must be provided by the applicant to the Island County Building Department.

Please return completed Water Availability Verification Application to Island County Public Health for review/approval.

**PUBLIC WATER SYSTEMS (two or more connections)**

<table>
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<th>Receipt #</th>
<th>Application #</th>
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Applicant Name ______________________ Ph. # ______________________

Mailing Address ______________________

City/State/Zip ______________________

Email Address ______________________

Parcel Number ______________________

**Check type of proposal**

- [ ] New construction on a vacant parcel
- [ ] Replacement of existing residence
- [ ] Remodel of existing residence
- [ ] Other (guest cottage, shop, pole barn) ______________________

This section is to be completed by the water purveyor in blue ink. An attached letter, signed by the purveyor, with the following information is also acceptable.

The above referenced parcel is within the approved service area of the ________________ public water system, PWS ID # ________________. This system has the approved capacity and is willing to supply a residential connection.

The above public water system was approved for ______ service connections on ______ (month/year). It is currently serving ______ active connections with ______ connections committed, but not serving a residence. The water system facilities necessary to adequately provide service to this site have been designed, approved, and installed per WAC 246-290.

Purveyor’s Signature (blue ink) ______________________ Date ________________

Printed Name of Signature ______________________ Ph. # ______________________

Mailing Address ______________________

******************************************************************************* FOR ISLAND COUNTY PUBLIC HEALTH DEPARTMENT USE ONLY*******************************************************************************

This Water Availability Verification Form is valid for one year from the date of issuance. The Island County Health Department has reviewed the available information related to water adequacy for parcel number ______________________. This office finds there is adequate water as per I.C.C. 8.09

**Verification**

Date ________________

☐ IF CHECKED, WATER APPROVAL IS CONDITIONAL. SPECIAL CONDITIONS APPLY