



City of Sumner Water Line / Sewer Line Replacement Application

(Please fill out ALL fields unless otherwise noted)

Community Development
cd@sumnerwa.gov

(253)299-5530

www.sumnerwa.gov

File Number: _____

PLEASE INDICATE IF THE REPLACEMENT IS: COMMERCIAL RESIDENTIAL

Site/Project Address (if available):		Parcel #:		
Owner:	Phone:	Email:		
Owner Address:		City:	State:	Zip:
Surveyor/Engineer/Contractor:		Phone:	Contractor License Number:	
Address:	Email:	City:	State:	Zip:
Contact Person:	Phone:	Fax:		
Contact Address:	Email:	City:	State:	Zip:
Description of Project:				

Supporting Materials Required:

Office Applicant - (please check off all applicable "applicant" boxes)

- | | |
|-------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> This Application Form / Checklist |
| Site Plan (1:40 scale) | |
| <input type="checkbox"/> | Building envelope with building setbacks and full property lines |
| <input type="checkbox"/> | Environmental constraints delineated |
| <input type="checkbox"/> | Streets in relationship to the building including sidewalks, curb, alley, driveway |
| <input type="checkbox"/> | Location of easements (if any) |
| <input type="checkbox"/> | Stormwater/open space locations |
| <input type="checkbox"/> | Utility connections from source to the building (water, sewer, storm) |

Other Questions:

- Will any work be done in right-of-way? (ex: sidewalk cuts) YES NO
- Will material be replaced like for like? YES NO

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.
ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED
HEREIN OR NOT.

SIGNATURE OF OWNER / AUTHORIZED AGENT

PRINTED NAME

DATE: ___/___/___