

**LAKE WASHINGTON SANITARY DISTRICT
BUILDING
PERMIT APPLICATION**

PROPERTY OWNER	LOCATION
Name: _____ Address: _____ Phone: Day _____ Evening _____	Legal Description: _____ _____ Property Address: _____ Parcel Number: _____
PERMIT REQUESTED FOR	
New Construction /Remodel/Addition Sanitary Connection Inspection Permit _____	
Dates Permit requested. From: _____ To: _____	
CONSTRUCTION BUILDING CONTRACTOR	PERMIT FEE
Contractors Names: _____ Address: _____ Contact Person: _____ Pone: Day _____ Evenings _____	Construction. Connection Fee <u>\$125.00</u> Deposit <u>\$5000.00</u> Fee Amount: _____ Checks Number Received: _____ Date Received: _____ Received by: _____

APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE: The undersigned hereby represents upon all of the penalties of law that all statements herein are true and in accordance with applicable County and State Regulations, and that the applicant has received and read a copy of the Lake Washington Sanitary District CODE.

X _____
Applicant Date

Permit is hereby granted and effective for the requested dates.

District Secretary Date

The Lake Washington Sanitary District CODE requires a permit for New Construction within the Sanitary District. A copy of Section 4.3 of the CODE shall be attached to all Permits. Any person, private entity, or governmental entity, who shall violate Section 4.3 of the CODE, shall be guilty of a penal offense and upon conviction, shall be punished by a fine of not more than \$500 or by imprisonment for not more than ninety (90) days, plus the cost of prosecution in either case. A conviction shall not bar a later conviction for subsequent violations of the ordinance.