

**Utility District** 

## **Development Engineering**

Location: 400 W. Gowe

Mail to: 220 4th Avenue South • Kent, WA 98032 Permit Center (253) 856-5302 Fax: (253) 856-64

www.ci.kent.wa.us/permitcenter

## **Certificate of Water Availability** from Servicing Agency or

Please print in black ink only.

Business/Residence/Project Name: \_\_\_\_\_

	Rtg. Type	Tracking Number
12	Project Name	
	Date Submitted	
	Projected Review	Date
	Application receiv	ved by
		ermit ercial ential
Cont	act	
		Zip:
ng (size) water main n of: n; and/or r		
omprehensive plan. nsive plan amendment. licated below at no less than 20 psi building/property:  Duration Less than 1 hour 1 hour to 2 hours 2 hours or more Other Other		
ficat	ion shall be v	ralid for one (1) year from
me		

## Instructions and Checklist for Certificate of Water Availability

IN ORDER TO REVIEW A PERMIT APPLICATION FOR INSTALLING NEW WATER SERVICE, THE CITY OF KENT REQUIRES THE FOLLOWING INFORMATION:

Applicant to complete top portion of the Certificate of Water Availability Form
Site plan or map showing property
If property is to be subdivided, a preliminary plat map showing proposed lots is required
If property to be served with City water is

If property to be served with City water is outside the City of Kent city limits, a "No Protest of Annexation and Declaration of Covenant" agreement may be required to be signed by the property owner and notarized. Please submit a copy of a title report showing current property owner and legal description of the property to facilitate in the preparation of the agreement.