City of Woodland
P. O. Box 9 - 219 Davidson Avenue
Woodland, WA 98674
Ph: (360) 225-7999 – Fax: (360) 225-7467

PERMIT NUMBER

REQUEST FOR UTILITY SERVICES
Requirements to Receive City Water and/or Sanitary Sewer

Name: _____ Date: _____
Mailing Address: _____ Telephone: _____
_____ _____

Property Information (map required):
Location: _____
Parcel/Lot No.: _____
Water Meter Size and Usage: _____
No. of Units: _____

Project Information:
_____
_____
_____
_____

For Office Use Only

General Conditions for Utility Service

Sewer Requirements:

_____
_____
_____
_____
_____
_____
_____ Reviewed By: _____ Date: _____

Water Requirements:

_____
_____
_____
_____
_____
_____
_____ Reviewed By: _____ Date: _____

Y or N	Engineered Drawing Required	Y or N	Plumbing Permit Required: $_____ (Estimate)
Y or N	Water Extension Required	Y or N	Water Assessment Fees: $_____
Y or N	Sewer Extension Required	Y or N	Sewer Assessment Fees: $_____
Y or N	Grease Interceptor Required	Y or N	System Development Charge-Water: $_____
Y or N	Pretreatment Required	Y or N	System Development Charge-Sewer: $_____
Y or N	Right-of-Way Permit Required	Y or N	Other_____

REVIEW IS VALID FOR 180 DAYS FROM THE REVIEW DATE
AND SUBJECT TO MODIFICATION DURING DETAILED PLAN REVIEW AND APPROVAL