

CERTIFICATE OF WATER AVAILABILITY

Do not write in this box

Number	Name
--------	------

- | | |
|--|--|
| <input type="checkbox"/> Building Permit
<input type="checkbox"/> Short Subdivision | <input type="checkbox"/> Preliminary Plat of PUD
<input type="checkbox"/> Rezone or other _____ |
|--|--|

APPLICANT'S NAME: _____

PROPOSED USE: _____

LOCATION: _____ PIN: _____

(Attach map & legal description if necessary)

WATER PURVEYOR INFORMATION

1. a. Water will be provided by service connection only to an existing _____ water main _____ feet from the site.
 OR
 b. Water service will require an improvement to the water system of:
 (1) _____ feet of water main to reach the site; and/or
 (2) the construction of a distribution system on the site; and/or
 (3) Other (describe) A developer extension agreement is required for this project that will necessitate an extension or refurbishment of the District's infrastructure.

2. a. The water system is in conformance with a County approved water comprehensive plan.
 OR
 b. The water system improvement will require a water comprehensive plan amendment.

3. a. The proposed project is within the corporate limits of the district, or has been granted Boundary Review Board approval for extension of service outside the district or city, or is within the County approved service area of private water purveyor.
 OR
 b. Annexation or BRB approval will be necessary to provide service.

4. a. Water is/or will be available at the rate of flow and duration indicated below at no less than 20 psi measured at the nearest fire hydrant _____ feet from the building/property (or as marked on the attached map):

Rate of Flow	Duration
<input type="checkbox"/> less than 500 gpm (approx. _____ gpm)	<input type="checkbox"/> less than 1 hour
<input type="checkbox"/> 500 to 999 gpm	<input type="checkbox"/> 1 hour to 2 hours
<input type="checkbox"/> 1,000 gpm or more _____ gpm per flow model	<input type="checkbox"/> 2 hours or more
<input type="checkbox"/> calculation of _____ gpm (Commercial Building Permits require flow test or calculation)	

 OR
 b. Flow test of _____
 Water system is not capable of providing fire flow.

5. a. Water system has certificates of water right or water right claims sufficient to provide service.
 OR
 b. Water system does not currently have necessary water rights or water right claims.

COMMENTS/CONDITIONS: CONNECTION FEES DUE _____

I hereby certify that the above water agency information is true. This certification shall be valid for one year from the date of signature.

Northshore Utility District
 Agency Name

 Signatory Name

 Title

 Signature

 Date

Northshore Utility District
Conditions for Certificate of Service Availability

Northshore Utility District (District) has issued this certificate for the sole purpose of facilitating submission to the permitting agency for evaluation of development proposals of the property requesting service.

1. This certificate is issued specifically for the following type of water or sewer service (check all that apply). **If any of the specifications, in this section or on any other document submitted to obtain this certificate, are changed, this certificate is void.**

- Up to _____ single-family homes in a subdivision.
- Up to _____ units of multi-family dwelling.
- Up to _____ units of non-residential structure of approximately _____ square feet.
- Other, describe: _____

2. The following system improvement project(s), to be completed by and at the expense of the legal owner of the property requesting service, is/are required (for detail specifications - see 5 below):

3. **This certificate is valid only for one year from the date of issuance and is conditioned upon satisfying all federal, state, county, city or other regulatory agency requirements applicable to the aforementioned real property, property owner or applicant for the occupancy, construction, improvement and use of said real property.**
4. Re-issuance or extension of this certificate may or may not be granted depending on the availability of system capacity and other changing conditions affecting the utility system(s). A new certificate, if granted, may be issued with new or additional requirements for service.
5. Connection charges and other applicable fees must be paid prior to project acceptance and service. These charges are, as set forth, in the District's policy in effect at the time of connection. The rates in effect at the time of connection for service will apply. Service to the property will be subject to all District policies and regulations in effect at the time of actual connection for service.
6. District cannot determine and describe all conditions and system improvements needed for service to the proposed project without a detailed review of the completed set of development plans, which is not yet available at this time. **Besides any requirements listed in paragraph 2 above, other conditions and/or necessary system improvements (as determined solely by District during project and/or plan review), to be completed by and at the expense of the legal owner of the property requesting service, may be required.** The potential costs for these conditions and/or improvements, if any, may be substantial.
7. This certificate is void: (a) one year from the date of issuance, (b) if the utility system's capacity or ability to provide service is impacted by natural/man-made disasters or other conditions beyond the District's control, (c) if the current and/or future legal owner(s) of property requesting service cannot accept all conditions herein or to be imposed by the District at the time of plan review, (d) if the undersigned is not authorized to act on behalf of the legal owner of the property requesting service.

As the legal owner of the property requesting service (as described on the reverse side) or the owner's authorized agent, I understand and accept that this certificate of sewer or water service availability is issued subject to all of the above conditions.

Sign Above

Print Name: _____

Company Name: _____

Signature of: Property Owner
 Owner's Authorized Agent

Date Signed: _____

Phone No.: _____

Email Address: _____

Return Completed Certificate Via: Email Mail
 In Office Pick Up