



SANITARY SEWER APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Sanitary Sewer Permit Fee \$ _____	
Capital Improvement Fee \$ _____	
Sewer Lateral Connection Fee \$ _____	
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

- Single-Family Residential**
 Multi-Family
 Commercial
- New**
 Repair

Job Site Address _____

Description of Work _____

- This permit application must include the following:
1. A completed [Permit Contact Information Form](#) is required with this permit application.
 2. Please attach two (2) copies of a Cost-estimate Breakdown by quantity, unit price, type and total for each item. Fees are due at time of application.
 3. Plan sets required: Two (2)

I certify the information provided on this permit application is true and correct.

Owner / Agent _____ Date _____
Print

Owner / Agent _____
Signature

Large empty rectangular area for drawing or notes.

OWNER:: _____

ADDRESS: _____

DATE: _____

PERMIT #: _____

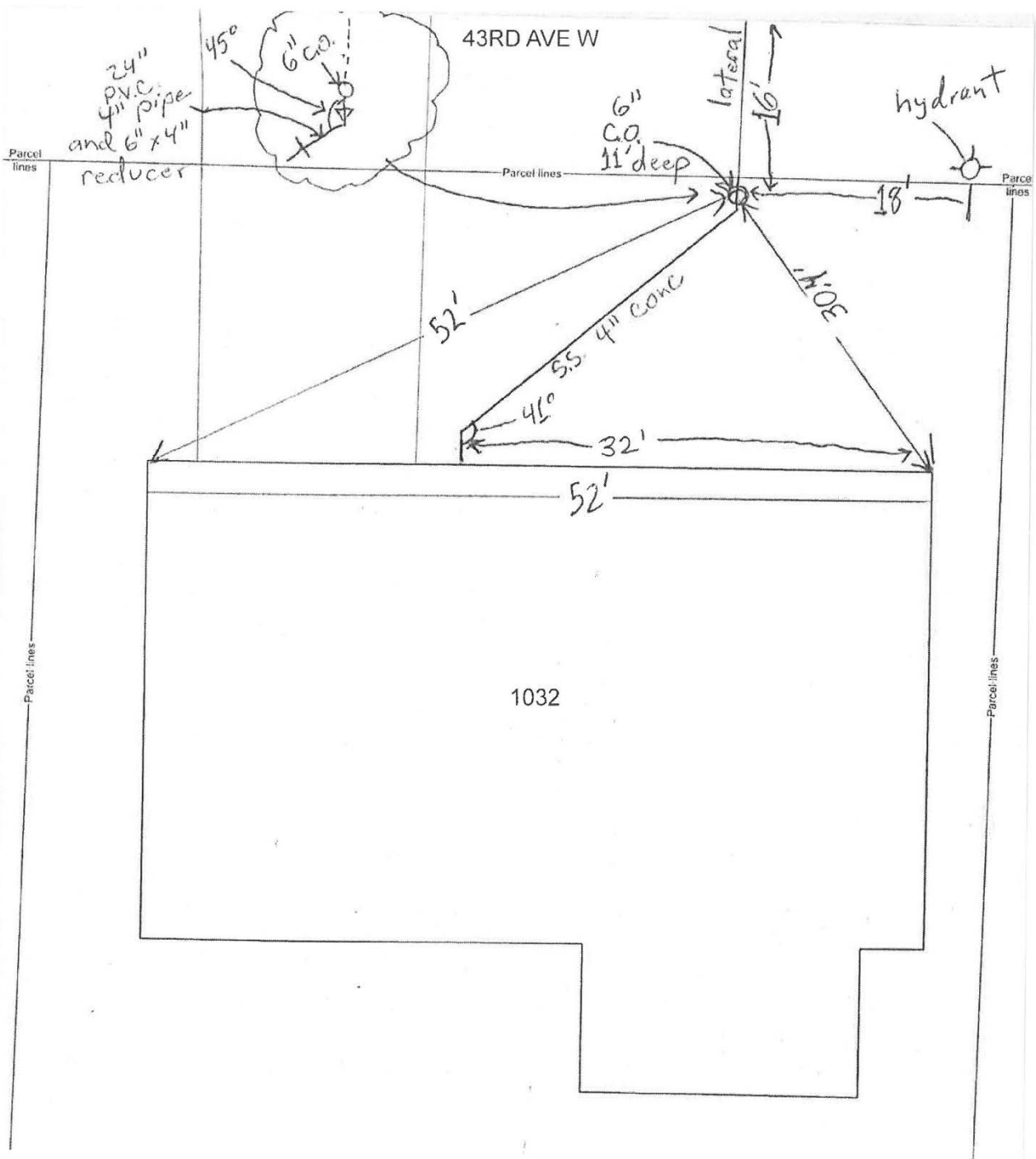
Inspector's Signature:

SIDE SEWER DRAWING

1. Drawing must be clearly labeled (streets, north arrow).
2. Indicate location of all piping, cleanouts, manholes or other fixed features.
3. Dimension pipe length and distance from other features.
4. Label diameter, bends, material type of pipe and depth at cleanouts.



Call before you dig:
1-800-424-5555 (or 811)



OWNER:: Joe Smith
 ADDRESS: 1032 43rd Ave W
 DATE: 12-31-2020
 PERMIT #: V-20-0001
 Inspector's Signature: CR.

SIDE SEWER DRAWING EXAMPLE

1. Drawing must be clearly labeled (streets, north arrow).
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