



APPLICATION FOR SANITARY SEWER SERVICE  
Public Works & Utilities Wastewater Division

I hereby apply for sanitary sewer to be furnished in accordance with rates and rules of the City of Port Angeles for the following premises:

Applicant or Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

State License # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Clallam County Parcel #: \_\_\_\_\_

Water meter size: \_\_\_\_\_ Clallam County Road Permit: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Estimated Fees:

Sanitary Sewer Connection Fee: \_\_\_\_\_

City of Port Angeles System Development Fee: \_\_\_\_\_

Clallam County System Development Fee: \_\_\_\_\_

DRA # 10-01 South Bayview Sanitary Sewer: \_\_\_\_\_

DRA # 15-01 Lipman Sanitary Sewer: \_\_\_\_\_

Remarks:

East UGA: \_\_\_\_\_

West UGA: \_\_\_\_\_

Outside City: \_\_\_\_\_

Inside City: \_\_\_\_\_

Permit # \_\_\_\_\_

Issue Date: \_\_\_\_\_