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SEP 14 2016

GROW PH 2
BLDG Q - LOT 31
18 UNIT APARTMENT345 6TH STREET, SUITE 300
BREMERTON, WA 98337-1866
(360) 337-5235**Building Clearance
For Sewered Properties**KITSAP PUBLIC
HEALTH DISTRICT

Official Use Only	Submittal Date: 9-14-16	Memo #: 444530
	Fee: 66.00	SSI: 506

A Sewer Availability Letter and a "binding" Water Availability Letter (WAL) from the Sewer District and Public Water System providing service to this property is required when submitting this application.

Two site plans drawn to scale (1:40 or larger), on an 8 1/2 X 11 sheet of paper, but no larger than 11 X 17 are required if there are existing septic tanks or wells. Please show all wells, sewer lines, structures (proposed and / or existing) property lines and driveways. Failure to complete the application or to comply with the site plan requirements will result in application denial.

Prior to issuance of a Building Permit or new tenancy, a determination of water supply adequacy is necessary. A copy will be forwarded to the jurisdictional Community Development or Planning Dept. For new tenant occupancy or tenant improvement please use the Sewered Building Clearance Exemption Form.

A. BUILDING SITE INFORMATION

Building Site Address - Street, City, Zip Code (TBD) SHEPARD WAY NW, B.I., WA 98118	Assessor Tax Account No. 567-000-031-0009	Lot No. 31
Licensed Designer/Professional Engineer ADAM WHEELER GREG LOTAKIS	Contact Phone # (206) 780-7458	Email Address gregle@sanille.com

B. OWNER/APPLICANT INFORMATION

Property Owner Name on BSA BARNBRIDGE COMMUNITY DEVELOPMENT	Contact Phone # (206) 780-1340	Email Address bille@sanille.com
Owner Mailing Address - Street, City, State, Zip Code: 710 JOHN NELSON LANE NE, B.I., WA 98118		
Name of Business BIH LLC	Business Owner BIH LLC	Business Contact Phone SAME
		Business Contact Email SAME

C. WATER SUPPLY DETAIL (Check all that apply & Attach Water Availability Letter if available)

Public Water Supply	System Name City of B.I.	Water Availability Letter Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Water System ID	
Private Individual Water Supply	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing	<input type="checkbox"/> Drilled Well <input type="checkbox"/> Spring <input type="checkbox"/> Surface Water <input type="checkbox"/> Dug Well
Private 2 Party Water Supply	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing	Address of Existing Well:
		Address of 2nd Connection:
Other	<input type="checkbox"/> Irrigation Well(s) <input type="checkbox"/> Inactive Well(s)	

D. Commercial Use (if applicable)

Describe Commercial Activity	

E. Signature & Acknowledgement

<input type="checkbox"/> Existing Septic Tank is present	If box checked, verification of connection to sewer with septic tank pump receipt and Health District abandonment form is required prior to final Building Permit approval.
Owner/Applicant Signature	APPROVED FOR SEWAGE AND WATER ONLY Date

F. HEALTH DISTRICT REVIEW

Proposal <input checked="" type="checkbox"/> Conforms <input type="checkbox"/> Does not conform to current standards for water supplies <input type="checkbox"/> N/A	
Environmental Health Specialist 	Date 9-14-16
Conditions	