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# Commercial Building Clearance

## For Onsite Sewage Disposal & Water Supply (Commercial BSA Addendum)

| Submittal Date | Memo Number | Review Fee | S.S.I. |
|----------------|-------------|------------|--------|
|                |             |            |        |

High Risk applications, necessitating a Waste Management Plan, require an additional hourly fee for review time. This may be determined at the time of submittal or billed during the review process

The attached site plan requirements must be completed and submitted along with this application. Failure to complete the application form or to comply with the site plan requirements may result in processing delays or application denial. Prior to issuance, a determination of whether the existing sewage disposal system and water supply meets code and/or setback requirements is necessary. A copy will be forwarded to the jurisdictional Community Development Department or Planning Department.

| A. APPLICANT AND PROPERTY INFORMATION Business Name |                           |   |                |
|---|---------------------------|---|----------------|
| Company/Business Name                               | Business Park             | If Business Park, identify Building and/or Suite Number |                |
| Property/Building Address                           | Street                    | City  |                |
| Assessors Account Number                            |                           |   | Property Size  |
| Applicant   | Applicant Contact Phone # | Applicant E-mail Address                                |                |
| Applicant Mailing Address                           | Street                    | City  | State Zip Code |
| Property Owner                                      | Contact Phone #           | E-mail Address  |                |

| B. COMMERCIAL ACTIVITY DESCRIPTION AND PROPOSED USAGE INFORMATION   |  |           |                              |                         |
|---|--|-----------|------------------------------|-------------------------|
| PROPOSED ACTIVITY - describe commercial activity  | Proposed Food Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No  |           |                              |                         |
|   |  |           |                              |                         |
|   |  |           |                              |                         |
|   |  |           |                              |                         |
| NUMBER OF EMPLOYEES (current and/or proposed)   | Full Time  | Part Time | Hours of Operation           | Days Open Hours per day |
| RESIDENTIAL BUSINESS INFORMATION (If Applicable)  | Number of existing bedrooms:   |           | Number of current occupants: |                         |
| NEW PLUMBING PROPOSED ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Describe new plumbing:   |           |                              |                         |
|   |  |           |                              |                         |
| Proposed total wastewater gallons per day (GPD)   | <i>Attach current water records for the past 6 months</i><br>Current GPD Usage: _____ + Proposed GPD Increase in flow: _____ = Total GPD _____ |           |                              |                         |
| <b>Waste water constituents. Attach a waste management plan with MSDS sheets if applicable.</b><br><b><u>No wastes atypical of residential sewage may be discharged into an on-site sewage disposal system.</u></b> |  |           |                              |                         |

| C. PROPOSED WATER SUPPLY AND SOURCE INFORMATION  |  |
|--|--|
| Water Supply: <input type="checkbox"/> Individual <input type="checkbox"/> Two Party <input type="checkbox"/> Public | Existing water source <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of well or public water supply name   | Water system ID number   |

| D. SIGNATURE AND ACKNOWLEDGMENT  |       |
|--|-------|
| I certify that all of the information provided is accurate to the best of my knowledge, and I agree to all of the conditions set forth on the Building Clearance and BKCHD ordinances No. 1996-8 and 1999-6. The plot plan must comply with the universal site plan. Failure to complete the application form or to comply with plot plan requirements may result in application denial. |       |
| Owner/Applicant Signature:   | Date: |



**VICINITY MAP** - Indicate accurate detailed directions to the location of the property. Note distances in feet from roadways and/or intersections. Secondary site visits due to lack of site identification may result in additional review fees.



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| <b>SPECIAL SITE CONDITIONS (dogs present, etc.)</b> |
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