

Town of Friday Harbor

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org

Water Service Application

Application date:	Tax Parcel Number:
Applicant name (please print):	Phone number:
Mailing address of Applicant:	Email address:
Name of Property Owner:	Phone number:
Location & legal description of property to be served (use additional sheet if necessary)	
1. Intended use of water: <input type="checkbox"/> SFR <input type="checkbox"/> MFR <input type="checkbox"/> PS <input type="checkbox"/> CO <input type="checkbox"/> UT <input type="checkbox"/> PU <input type="checkbox"/> SA <input type="checkbox"/> LM <input type="checkbox"/> IN	
2. Attach a site plan of property showing building location to be served.	
3. Attach a San Juan County Utility Installation permit <i>(if applicable)</i> .	
4. Attach a San Juan County Water Availability Notification <i>(if applicable)</i> .	
<p>I, the undersigned, understand that no work or service installation will be undertaken by the Town until all of the above requested information is submitted and all applicable charges are paid¹. I further understand that all meter installations shall be completed as soon as practical and that water service charges shall be assessed on the first of the month following the meter installation or in no case later than thirty (30) days after receipt of payment of the connection charge and shall continue until a request for disconnection of service is received. I also agree to conform to the rules and regulations established by the Town as a condition to the use of the water.</p>	
_____ Signature of Property Owner / Authorized Agent	_____ Date
TOWN OF FRIDAY HARBOR USE ONLY	
Water meter size: _____	
Connection Charges²:	
System Development Charge (SDC)	415.000.001.379.34.10.00 \$
General Facilities Charge (GFC)	415.000.001.379.34.11.00 \$
Installation Charge	410.000.000.343.40.12.00 \$
Total Charges Due: \$	
_____ Tax Parcel #	_____ Town Administrator
_____ Date	

¹ All fees and charges are subject to change without prior notice. ² Applied charges based on the most recent Town fee schedule.

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UTILITY CHECKLIST

Legal Owner: _____

Job Address: _____

Tax Parcel Number of Job Address: _____

The following utility companies shall be contacted prior to a Building Permit being issued by the Town of Friday Harbor. It is further understood that said utility companies will sign off on behalf of their company and indicate in the remarks section any problems, if any, and if utility costs have been paid.

Orcas Power & Light Company: _____

360-376-3550

Signature of Authorized Representative

Remarks: _____

CenturyLink: _____

360-676-7856

Signature of Authorized Representative

kari.marcotte@centurylink.com

Remarks: _____

Rock Island: _____

360-622-2505 (Engineering)

Signature of Authorized Representative

fiber@rockisland.com

Remarks: _____

Zito LLC (Cable Service): _____

208-599-4044

Signature of Authorized Representative

Remarks: _____

Town of Friday Harbor: _____

378-2154 (Public Works: Water & Sewer)

Signature of Authorized Representative

Remarks: _____

I certify I have contacted the above utility companies and have paid the appropriate fees if necessary. _____

Signature of Property Owner / Authorized Agent

Date

Town of Friday Harbor Street Improvements:

I certify in accordance with current Town Ordinances if a condition of a construction application calls for street, and/or curb, gutter and sidewalk improvements, said land improvements will be secured or accomplished prior to the issuance of that permit.

Signature of Property Owner / Authorized Agent

Date



Town of Friday Harbor
 Water Department
 P.O. Box 219 * 501 Marguerite St.
 Friday Harbor, WA 98250
 Phone (360) 378-8353

Water Service Connection Questionnaire

Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 Phone #: _____ Fax #: _____
Water Service Address: _____
 Parcel #: _____ Type of Service: Residential _____ Commercial _____
 If commercial, type of Business: _____
 Number of Stories: _____ Number of units/businesses on meter: _____

Please indicate all that apply for planned or current water use. This questionnaire must be completed before water utilities permit is issued.

Residential:	YES	NO	DON'T KNOW	OFFICIAL USE
Lawn irrigation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool or hot tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo Lab, chemical, medical or other lab facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private well or auxiliary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn or garden chemical sprayers attached to hose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water softener or other treatment systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In floor heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commercial:	YES	NO	DON'T KNOW	OFFICIAL USE
Lawn irrigation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbonation equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In floor heating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water softener or other treatment systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo lab, chemical, medical or other lab facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool or hot tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private well or auxiliary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water-cooled equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janitor's sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Drain Trap Primer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry/dry cleaning facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverage bottling, food processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinarian facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baptismal pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>