

**Town of Friday Harbor**

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-2380 / [www.fridayharbor.org](http://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 &amp; legal description of property to be served (use additional sheet if necessary)

1. Intended use of water: SFR MFR PS CO UT PU SA LM IN2. **Attach a site plan** of property showing building location to be served.3. Attach a San Juan County Utility Installation permit (*if applicable*).4. Attach a San Juan County Water Availability Notification (*if applicable*).

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 paid<sup>1</sup>. 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.

**Signature of Property Owner / Authorized Agent****Date****TOWN OF FRIDAY HARBOR USE ONLY**

Water meter size: \_\_\_\_\_

**Connection Charges<sup>2</sup>:**

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



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.**

<b>Residential:</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>	<b>OFFICIAL USE</b>
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"/> _____

<b>Commercial:</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>	<b>OFFICIAL USE</b>
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"/> _____