

## City of Kelso

Civil Engineering Permit Application

| Permit #:  | Parent App#:   |                         | RV:                |  |                  |  |
|--|--|-------------------------|--------------------|--|------------------|--|
| Questions and applications can be directed to the following:  PROJECT SITE INFORMATION   | Engineering<br>203 S. Pacific Ave., Suite 205<br>Kelso, WA 98626 |                         |                    | 360.423.6590 (office)<br>360.423.6591 (fax)<br>engineering@kelso.gov |                  |  |
| Inside City Limits?: Yes No  | ☐ Commercial   | ☐ Residential           | Parcel #:          |  |                  |  |
| Address/Location:  | Commercial   | Residential             |                    |  |                  |  |
| PROPERTY OWNER   |  |                         |                    |  |                  |  |
| Business Name:   |  | Contact Name            |                    |  |                  |  |
| Mailing/Billing Address:   |  | City:                   |                    | State:   | Zip:             |  |
| Phone:   | Phone:   |                         | Email:             |  |                  |  |
| APPLICANT (If different from prop  | erty owner listed abov   | re)                     |                    |  |                  |  |
| Business Name:   | ,  | Contact Name            |                    |  |                  |  |
| Mailing/Billing Address:   | Mailing/Billing Address:   |                         |                    | State:   | Zip:             |  |
| Phone:   | hone:  |                         |                    | -1   |                  |  |
| CONTRACTOR   |  |                         |                    |  |                  |  |
| Business Name:   |  | Contact Name:           |                    |  |                  |  |
| Mailing/Billing Address:   |  | City:                   |                    | State:   | Zip:             |  |
| Phone:   |  | Email:                  |                    |  |                  |  |
| WA State License # (Not UBI#):   |  | •                       | Expiration Date:   |  |                  |  |
| City of Kelso Business License # (Permit cannot be   | issued until one is obtained):                                   |                         | Expiration Date    | :  |                  |  |
| PROJECT INFORMATION (Enter a   | ıll that apply)  |                         |                    |  |                  |  |
| Utility Company Work Order #:  | Utility Company Work Order #:                                    |                         | Start Date:        |  | Duration:        |  |
| Description of all work to be done:  |  | ·                       |                    |  |                  |  |
|  |  |                         |                    |  |                  |  |
|  |  |                         |                    |  |                  |  |
|  |  |                         |                    |  |                  |  |
|  |  |                         |                    |  |                  |  |
| APPLICATION SUBMITTAL CHE  | CKLIST   |                         |                    |  |                  |  |
| ☐ Complete Civil Engineering A☐ ☐ (3) Three Copies of Civil Eng☐ ☐ Traffic Control Plan (If ROW☐ ☐ Projects of 500 or more cubic | gineering Plans or Residus (is Obstructed)                       | idential Plot Plan      |                    | ss License)  |                  |  |
| PROPERTY OWNER OR AUTHO  | ORIZED AGENT   |                         |                    |  |                  |  |
| I hereby certify that I have read and exar for this permit.  |  | d know the same to be t | rue and correct, a | and I am auth  | norized to apply |  |
| Signature:   | Printed N  | ame:                    |                    | Date   | :                |  |
| Call 811   | or 1-800-424-555   | 55 before you dig       | , it's the law     | 1  |                  |  |

FOR OFFICE USE ONLY





# City of Kelso

#### Civil Engineering Permit Application

Permit #: Parent App#:

| LICATION IS HEREBY MADE FOR: (select all that app   | oly)   |           |       |
|---|--|-----------|-------|
| Activity  | Cost   | Qty.      | Total |
| e Application Fee   | \$50   |           |       |
| E   |  |           |       |
| A Ramp  | \$150 (includes 10' of sidewalk)                                 |           |       |
| eway Approach – Commercial  | \$250 (includes 25' of sidewalk)                                 |           |       |
| eway Approach – Residential   | \$150 (includes 25' of sidewalk)                                 |           |       |
| walk New/Repair/Replacement   | \$25 for first 25', then \$25 per 50'                            |           |       |
| TER TER   |  |           |       |
| er Service Installation from Main to within 5ft of cture (2" or smaller)  | \$150  |           |       |
| struction of City Water Main  | \$500 for first 100', then \$0.50/foot                           |           |       |
| er System Vaults, Fire Suppression, Metering, Pressure ulating, Backflow Prevention (3" or larger)  | \$500  |           |       |
| ndonment, Service Repair, or Additional Backflow ice (2" or smaller)  | \$50   |           |       |
| /ER   |  |           |       |
| er Service Installation   | \$300  |           |       |
| struction of the City Sewer Main  | \$500 for first 100', then \$0.50/foot                           |           |       |
| ndonment or Lateral Repair  | \$125  |           |       |
| RMWATER (See separate worksheet)  |  |           |       |
| mwater Onsite Pipe  | \$2 per lineal foot  |           |       |
| struction of the City Stormwater Main   | \$500 for first 100', then \$0.50/foot                           |           |       |
| Impervious Areas of 5000+ ft <sup>2</sup> with Required Submittal   | \$200   \$300   \$700  |           |       |
| Iinimum Technical Requirement(s): #2   #1-5   #1-9  | \$200   \$300   \$700  |           |       |
| ADING (See separate worksheet)  |  |           |       |
| dentially-zoned parcel project with 50-100 yd <sup>3</sup> and slope than 2%  | \$100  |           |       |
| ect over 50 yd <sup>3</sup> and Required Submittal of Minimum nnical Requirement(s): #2   #1-5   #1-9   | \$200   \$300   \$700  |           |       |
| HER   |  |           |       |
| V Obstruction/Traffic Control Plan  | \$25   |           |       |
| et or Alley Vacation  | \$250  |           |       |
| VATE UTILITY (GAS, POWER, TELEPHONE, CABLE, E   | CTC)   | 1         |       |
| rhead ROW Work – Franchise  | \$25 per each 1000'  |           |       |
| rhead ROW Work  | \$50 per each 1000'  |           |       |
| n Cut ROW Ground Work – Franchise   | \$50 per each 100'   |           |       |
| n Cut ROW Ground Work   | \$75 per each 100'   |           |       |
| chless ROW Ground Work – Franchise  | *  |           |       |
|   | _  |           |       |
|   | 7. 2. 2. 2. 3. Men 40 0 per 100                                  |           |       |
| MININE VI I LILLO   | Engineering Fees   | Subtotal: |       |
| Subtotal of Connection  | <u>~</u> _   |           |       |
|   |  |           |       |
| rhead ROW Work – Franchise rhead ROW Work n Cut ROW Ground Work – Franchise n Cut ROW Ground Work chless ROW Ground Work – Franchise chless ROW Ground Work MARY OF FEES Subtotal of Connection | \$25 per each 1000'<br>\$50 per each 1000'<br>\$50 per each 100' | xt page): |       |





### City of Kelso

#### Civil Engineering Permit Application

Parent App#: Permit #: APPLICATION IS HEREBY MADE FOR: (select all that apply) **Connection Fees and Deposits Worksheet Utility Fees** Cost Quantity Total Utility Deposit Range \$60 | \$332 Water Meter Set  $\frac{3}{4}$ " –  $\frac{5}{8}$ " \$250 Water Meter Set 1" \$400 Water Meter Set 1 1/2" \$400 + Meter Cost Water Meter Set 2" \$400 + Meter Cost (Meters over 2" will be purchased by the City and the cost reimbursed by the applicant. Contractor will install the meter according to the Standard Plans and Specifications) Water/Sewer/Stormwater Capital Recovery Connection Fees Meter Size Water SDC Sewer SDC **Combined Total** \$1,969.00 .75 \$2,254.00 \$4,223.00 1 \$4,923.00 \$5,635.00 \$10,558.00 \$9,845.00 \$11,270.00 \$21,115.00 1.5 2 \$18,032.00 \$15,752.00 \$33,784.00 3 \$67,568.00 \$31,504.00 \$36,064.00 4 \$49,225.00 \$56,350.00 \$105,575.00 5 \$98,450.00 \$112,700.00 \$211,150,00 8 \$157,520.00 \$337,840.00 \$180,320.00 10 \$226,435.00 \$259,210.00 \$485,645.00 **Stormwater Capital Recovery Fees** New Impervious Construction of 2500ft<sup>2</sup> \$143.00 per ESU or Portion there of equals one Equivalent Service Unit (ESU) **TRRWA Waste Water Treatment Connection Fees** SFR (Single Family Residence) \$1,957.00 2-Plex \$3,366.04 3-Plex \$5,049.06 4-Plex \$6,732.08 Per Apartment Unit \$1,311.19 Commercial - 5/8" \$1.957.00 Commercial - 3/4" \$2,935.50 Commercial – 1" \$4,892.50 Commercial - 1.5" \$9,785.00 Commercial – 2" \$15,656.00 Commercial – 3" \$31,312.00 Commercial - 4" \$48,925.00 Commercial – 6" \$97,850.00 Commercial - 8" \$156,560.00 Industrial TBD by Dir. Grand Total of Connection Fees and Deposits (Enter Total on Permit App):



# City of Kelso Civil Engineering Permit Application

FOR OFFICE USE ONLY

Permit #: Parent App#:

Questions and Engineering applications can be 203 S. Pacific Ave., Suite 205 directed to the following: Kelso, WA 98626

**CATEGORY OF FACILITY** 

360.423.6590 (office) 360.423.6591 (fax) engineering@kelso.gov

WATER SERVICE

## **WATER USE QUESTIONNAIRE**For New Connections or Changes of Use

This information will help us determine if backflow protection will be required at your facility's connection to the Kelso water supply. If provided information is inaccurate, incomplete or if your water use changes, you may be required to retrofit your water system connection to include backflow protection or upgrade your existing protection in order to maintain water service. This questionnaire is for the sole purpose of establishing the purveyor's minimum requirements for the protection of the public water supply system, commensurate to the purveyor's assessment of the degree of hazard. It shall not be assumed by the customer or other regulatory agencies that the purveyor's requirements for the installation of backflow prevention assemblies, lack of requirements for the installation of backflow prevention assemblies, or other actions by personnel employed by the purveyor constitutes an approval of the customer's plumbing system, or an assurance to the customer of the absence of cross connections therein.

| ☐ Residential ( Number of Units:)  |                            | ☐ Domestic ☐                    | ☐ Irrigation                          | □ Нус | drant |    |
|--|----------------------------|---------------------------------|---------------------------------------|-------|-------|----|
| ☐ Commercial   | ☐ Industrial               | ☐ Commercial                    | ☐ Fire Sprinkler System ☐ Temporary   |       |       |    |
| If commercial or industrial f  | acility please write a bri | ief description of type of busi | iness or service that will be provide | led:  |       |    |
|  |                            |                                 |                                       |       |       |    |
| SUPPLEMENTAL   | QUESTIONS                  |                                 |                                       |       | T/E/C | NO |
| ********   |                            |                                 |                                       |       | YES   | NO |
| Will/does premise have landscape irrigation system?  |                            |                                 |                                       |       |       |    |
| Will/does landscape irrigation system have chemical addition?  |                            |                                 |                                       |       |       |    |
| Will/does facility have fire sprinkler system?   |                            |                                 |                                       |       |       |    |
| Will/does fire sprinkler system contain anti-freeze or chemical additives?   |                            |                                 |                                       |       |       |    |
| Will/does premise have an auxiliary water supply other than city of Kelso provided potable water (i.e.; existing well, sand point, natural pond, stream, etc.)?        |                            |                                 |                                       |       |       |    |
| Will/does facility handle or store material that is dangerous to health or is toxic?   |                            |                                 |                                       |       |       |    |
| Is or will be facility over thirty (30) feet high?   |                            |                                 |                                       |       |       |    |
| Will/does premise have a reclaimed and/or reuse water system?  |                            |                                 |                                       |       |       |    |
| Will/does premise have an auxiliary water pump or pressure boosting system?  |                            |                                 |                                       |       |       |    |
| Will/does premise have a water pressure reducing valve?  |                            |                                 |                                       |       |       |    |
| Will/does premise have solar collectors?   |                            |                                 |                                       |       |       |    |
| Will/does premise have a pool, spa, fishpond or decorative pond?   |                            |                                 |                                       |       |       |    |
| Will/does premise contain any water connected equipment, machinery or appliance including but not limited to: heat pump, hydronic radiant heat, lab equip. List below: |                            |                                 |                                       |       |       |    |
| SIGNATURE OF   | APPLICANT                  |                                 |                                       |       |       |    |
| Signature:   |                            | Printed N                       | Name:                                 |       | Date: |    |