



CITY OF ALGONA
200 Washington Blvd
Algona, WA 98001
(253) 833-2741
Fax (253) 939-3366

Permit # _____ Fee _____
SDF square ft _____
(commercial only)
SDF fee _____
Res fee _____

Permit Valid six months from issuance

PLEASE PRINT

SANITARY SEWER PERMIT

Project Name: _____

Describe work: _____

Is there a building permit for any construction? ☐ Yes

Date of application: _____

Project Address: _____

Building Type: _____

☐ No If so, permit # _____

Building/Property Owner		
Name:		
Contact Person:		
Address:		
City:	St:	Zip:
Phone:	Fax:	

Contractor		
Company Name:		
Contact Person:		
Address:		
City:	St:	Zip:
Phone:	Fax:	

NOTE: Drawing showing the proposed location of building to be served, sewer main & side sewer must be submitted with application.

Roof downspouts, building footing drains, any ground water drains, etc., shall not be hooked into the sewer.

This permit is granted subject to the conditions set forth on the City's application for permit and is subject to all regulations of Ordinance No. 947-04, as amended.

I certify that the information contained herein is correct and complete. I agree to comply with all City and County ordinances and State laws relating to building construction and hereby authorize representatives of the City to enter upon the above-mentioned property for inspection purposes. I am either the owner of the property described on this permit application the contractor responsible for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge and/or consent.

Print name of Applicant

Signature of Applicant

FOR INSPECTION: Call the Algona Public Works Department (253) 833-2741 twenty-four (24) hours prior to inspection.

OFFICE USE ONLY

Permit issued by: _____ Date of approval: _____

Receipt No. _____ Date Paid: _____ Check No. _____