

City of Kelso

Civil Engineering Permit Application

Parent App#: RV: Permit #: Questions and applications can be 360.423.6590 (office) Engineering directed to the following: 203 S. Pacific Ave., Suite 205 360.423.6591 (fax) Kelso, WA 98626 engineering@kelso.gov PROJECT SITE INFORMATION Inside City Limits?: Parcel #: Yes No Commercial Residential Address/Location: **PROPERTY OWNER** Business Name: Contact Name Mailing/Billing Address: City: State: Zip: Phone: Email: APPLICANT (If different from property owner listed above) Business Name: Contact Name Mailing/Billing Address: State: Zip: City: Phone: Email: CONTRACTOR (if using subcontractor(s) check box \Box and complete subcontractor information on page 5.) 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 all that apply)** Utility Company Work Order #: Start Date: Duration: City Sewer □ Well □ Septic Water / Sewer Service: City Water Description of all work to be done: APPLICATION SUBMITTAL CHECKLIST Complete Civil Engineering Application (Contractors must have a current Kelso Business License) (3) Three Copies of Civil Engineering Plans or Residential Plot Plan □ Traffic Control Plan (If ROW is Obstructed) □ Projects of 500 or more cubic yards requires a SEPA checklist and separate fees. □ If Water / Sewer Service are either *Well* or *Septic* above, provide verification from Cowlitz County of availability. PROPERTY OWNER OR AUTHORIZED AGENT I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. Signature: Printed Name: Date: Call 811 or 1-800-424-5555 before you dig, it's the law!

Engineering/Forms/Permit Application Forms/

Civil Engineering Permit Application updated with Subcontractor infoPage $\mid 1$

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Permit #: Parent App#:	Parent App#:			
APPLICATION IS HEREBY MADE FOR: (select all that app				
Activity	Cost	Qty.	Total	
Base Application Fee	\$50			
SITE				
ADA Ramp	\$150 (includes 10' of sidewalk)			
Driveway Approach – Commercial	\$250 (includes 25' of sidewalk)			
Driveway Approach – Residential	\$150 (includes 25' of sidewalk)			
Sidewalk New/Repair/Replacement	\$25 for first 25', then \$25 per 50'			
WATER			1	
Water Service Installation from Main to within 5ft of Structure (2" or smaller)	\$150			
Construction of City Water Main	\$500 for first 100', then \$0.50/foot			
Water System Vaults, Fire Suppression, Metering, Pressure				
Regulating, Backflow Prevention (3" or larger)	\$500			
Abandonment, Service Repair, or Additional Backflow	\$50			
Device (2" or smaller)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
SEWER	#200			
Sewer Service Installation	\$300			
Construction of the City Sewer Main	\$500 for first 100', then \$0.50/foot			
Abandonment or Lateral Repair	\$125			
STORMWATER				
Stormwater Onsite Pipe	\$2 per lineal foot	_		
Construction of the City Stormwater Main	\$500 for first 100', then \$0.50/foot			
Abbreviated Stormwater Site Plan	\$300			
Full Stormwater Site Plan (four separate documents)	\$700			
GRADING (See separate worksheet)	1			
Residentially-zoned parcel project with 50-100 yd ³ and slope less than 2%	\$100			
Project over 50 yd ³ and Required Submittal of Minimum Technical Requirement(s): #2 #1-5 #1-9	\$200 \$300 \$700			
OTHER				
ROW Obstruction/Traffic Control Plan	\$25			
Street or Alley Vacation	\$250			
PRIVATE UTILITY (GAS, POWER, TELEPHONE, CABLE, E				
Overhead ROW Work – Franchise	\$25 per each 1000'			
Overhead ROW Work	\$50 per each 1000'			
Open Cut ROW Ground Work – Franchise	\$50 per each 100'			
Open Cut ROW Ground Work	\$75 per each 100'			
Trenchless ROW Ground Work – Franchise	\$25 for 1 st 25', then \$25 per 100'			
Trenchless ROW Ground Work \$50 for 1 st 25', then \$50 per 100'				
SUMMARY OF FEES	· · · ·			
	Engineering Fee	s Subtotal:		
Subtotal of Connectio	n Fees and Deposits (See worksheet r			
	and Total of Final Fees Due at Permit	<u> </u>		



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		-	elect all that apply)		
Connection	Fees and Deposi	ts Worksheet	1		
Utility Fees			Cost	Quantity	Total
Utility Depos	sit Range		\$60 \$332		
Water Meter	Set ³ / ₄ " - ⁵ / ₈ "		\$250		
Water Meter	Set 1"		\$400		
Water Meter	Set 1 ¹ / ₂ "		\$400 + Market cost of meter- quote from Ops		
Water Meter	Set 2"		\$400 + Market cost of meter- quote from Ops		
	•		and the cost reimbursed by the applicant. Cont	tractor will inst	all the meter
according to	the Standard Pla	ns and Specificat	tions)		
Water/Sewe	r/Stormwater C	apital Recovery	Connection Fees		
Meter Size	Water SDF	Sewer SDF	Combined Total		
.75	\$3,791.00	\$1,721.00	\$5,512.00	ΙΤ	
1	\$9,477.50	\$4,302.00	\$13,779.50		
1.5	\$18,955.00	\$8,605.00	\$27,560.00		
2	\$30,328.00	\$13,768.00	\$44,096.00		
3	\$60,656.00	\$27,536.00	\$88,192.00		
4	\$94,775.00	\$43,025.00	\$137,800.00		
5	\$189,550.00	\$86,050.00	\$275,600.00		
8	\$303,280.00	\$137,680.00	\$440,960.00		
10	\$435,965.00	\$197,915.00	\$633,880.00		
Stormwater	Capital Recover	y Fees			
New Impervi	ous Construction	of 2500ft ²	\$329.00 per ESU or Portion there of		
equals one E	quivalent Service	Unit (ESU)			
TRRWA Wa	aste Water Trea	tment Connection	on Fees		
SFR (Single	Family Residence	e)	\$1,560.00		
2-Plex			\$2,683.20		
3-Plex			\$4,024.80		
4-Plex			\$5,366.40		
Per Apartmen	nt Unit		\$1,045.20		
Commercial	- 5/8"		\$1,560.00		
Commercial	- ³ /4"		\$2,340.00		
Commercial	-1"		\$3,900.00		
Commercial	- 1.5"		\$7,800.00		
Commercial	-2"		\$12,480.00		
Commercial	- 3"		\$24,960.00		
Commercial	-4"		\$39,000.00		
Commercial	- 6"		\$78,000.00		
Commercial	- 8"		\$124,800.00		
Industrial			TBD by Dir.		
	Gra	and Total of Cor	nnection Fees and Deposits (Enter Total on H	Permit App):	

1				FOR OFFICE	USE ONLY
Kelso City of K	elso				
WASHINGTON Civil Enginee	ering Per	mit Application			
Permit #:	Parent App#	:			
Questions and	Engin	eering		360.577.3	320 (office)
		Ave., Suite 205		360.423.6591 (fax)	
directed to the following:		/A 98626		engineering	@kelso.gov
		QUESTIONNAIRE			
For New	Connecti	ons or Changes of U	Jse		
water supply. If provided information is ina retrofit your water system connection to inc maintain water service. This questionnaire is for the protection of the public water supply s It shall not be assumed by the customer or oth of backflow prevention assemblies, lack of re actions by personnel employed by the purveyor to the customer of the absence of cross connect	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, not the purveyor constitutes an approval of the customer's plumbing system, or an assurance				
CATEGORY OF FACILITY		WA	TER SER	VICE	
 Residential (Number of Units: Commercial Industrial Commercial 	_) ommercial		Irrigation	•	drant
Commercial Industrial Co		□ Fire Sprinkler System		Temporary	
in commercial of industrial racinty please write a oriel descript	ion of type of busi	lifess of service that will be provided			
SUPPLEMENTAL QUESTIONS					
				YES	NO
Will/does premise have landscape irrigation	on 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 dang	erous to health or is toxi	c?		
Is or will be facility over thirty (30) feet h	igh?				
Will/does premise have a reclaimed and/o	or reuse wate	r system?			
Will/does premise have an auxiliary water	r pump or pr	essure boosting system?			
Will/does premise have a water pressure r	reducing val	ve?			
Will/does premise have solar collectors?					
Will/does premise have a pool, spa, fishpo	ond or decor	ative 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	y di Offic Taul		0010W.		
Signature:	Printed N	Jame:		Date:	



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Permit #:	Parent App#:				
UBCONTRACTOR (Must n	neet state and city licensing requirements.)				
usiness Name:	Contact Name:				
ailing/Billing Address:	City:		State:	Zip:	
none:	Email:				
A State License # (Not UBI#):		Expiration Date:			
ty of Kelso Business License # (Permit of	cannot be issued until one is obtained):	Expiration Date	:		
	neet state and city licensing requirements.)				
isiness Name:	Contact Name:				
ailing/Billing Address:	City:		State:	Zip:	
ione:	Email:				
A State License # (Not UBI#):		Expiration Date	:		
y of Kelso Business License # (Permit cannot be issued until one is obtained):		Expiration Date	Expiration Date:		
	neet state and city licensing requirements.)				
isiness Name:	Contact Name:				
ailing/Billing Address:	City:		State:	Zip:	
ione:	Email:		<u> </u>	I	
A State License # (Not UBI#):	tate License # (Not UBI#):		:		
ity of Kelso Business License # (Permit cannot be issued until one is obtained):		Expiration Date	:		

SUBCONTRACTOR (Must meet state and city licensing rec	quirements.)			
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:		

SUBCONTRACTOR (Must meet state and city licensing requirements.)						
Business Name:	Contact Name:					
Mailing/Billing Address:	City:		State:	Zip:		
Phone:	Email:					
WA State License # (Not UBI#):		Expiration Date:				
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