

Please provid	de your l	Pacific C	ounty Ta	ax Parce	l Numbo	er for th	e lot(s) y	ou own	in Surfsio	le:
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										•
	-	-	-	-	-	-	-	-	-	
										•
(you will find yo	our tax par	cel number	r on your Pa	acific Coun	ty propert	y tax stateı	nent) (use a	additional	sheets if nee	ded)
ANSWER <u>ALL</u> QUESTIONS FOR EXISTING <u>AND</u> PROPOSED USAGE. Please tell us how many of the following you have or are planning to have on your property:										
Residences RV Sites Apartments Outbuildings (Enter the number of each you have on your property or zero. Please do not leave any box blank.)										
Do you have or planning to have a home based business? Yes No If you checked yes please tell us about your business. You may write a brief description of the business or attach a sheet. No										
										<u> </u>

Please check yes if you have any of the special plumbing or activates listed below or No if you do not. Please do not leave any of the boxes blank.

Yes	No	Special Plumbing or Activity Present on Your Property					
		Underground lawn sprinkler or irrigation system (automatic or manual)					
		Drip irrigation system (automatic or manual)					
		Green house with automatic or manual drip or sprinkler system					
		Water well or irrigation well					
		Utility sink (with threaded faucet)					
		Ornamental fountain					
		Fire suppression sprinkler system (residential NFPA 13D)					
		Livestock (i.e. cows, chickens, pigs, rabbits) or horses (farm or hobby farm)					
		Swimming pool or hot tub					
		Darkroom (photography)					

Continued on Back

Yes	No	Special Plumbing or Activity Present on Your Property)
		Solar thermal collector (solar panels)
		Home dialysis machine
		Unidentified water pipes (old pipes that you do not know where they go)
		Water softener or water treatment equipment that automatically backwashes to a drain.
		Do you currently have a testable backflow preventer installed on your property? (Please call us if you are not sure what this is 360.665.4171)

Please provide your current mailing address:	Please provide the address of Surfside property#1:

Please provide:	Please provide the address of Surfside property#2: (attach additional sheet if needed)
Primary Telephone No.:	
Secondary Telephone No.:	
E-Mail Address:	

Additional Comments:

Signature

I certify that the above information is true, correct, and complete to the best of my knowledge and belief.

Print Name

Date

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