



Septic Permit Application

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273
voice 360-416-1320 · inspections 360-416-1330 · www.skagitcounty.net/planning

Permit #:

Septic permits are issued by Skagit County Public Health. Submit your application for processing at the Planning & Development Services permit counter, or by mail with the appropriate fee and attachments.

Project & Property Information

Tell us about your project and its proposed location.

Site Address		City		Zip	
Parcel No(s)					

Attachments

- Design (if required)
- Soil Evaluation (if required)

Prerequisites Unless one of the boxes below are checked, items 1-3 are required:

- Site evaluation with no design
- Repair with no expansion of footprint
- Permit inside city/town limits

PDS-use only ↓ Planning & Development Services staff are available to help you complete and explain these requirements.

	<p>1. Lot of Record Certification is required for all development.¹ Check one of the boxes that applies below. If you do not have lot certification, apply for lot certification with Planning & Development Services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lot certification is recorded under Auditor's File Number _____. Nothing further required. <input type="checkbox"/> The lot has an existing dwelling unit that was constructed prior to July 1, 1990, according to Assessor records, but lot certification was not recorded. Recording fee is required. <input type="checkbox"/> The lot was properly platted and approved by Skagit County on or after March 1, 1965, and has no restriction barring future development, but lot certification was not recorded. Recording fee is required. <input type="checkbox"/> The lot has an approved but unrecorded lot certification. Lot certification number _____. Recording fee is required.
	<p>2. Critical Areas Review is required for septic permits. If you have not previously completed critical areas review for your parcel, apply at Planning & Development Services and attach your approval letter. Your application will be rejected if critical areas review is not complete for your location.</p>
	<p>3. Ag-NRL Siting Criteria. Is this project in the Agricultural-Natural Resource Land zone?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No. Nothing further required. <input type="checkbox"/> Yes. Please note: <ul style="list-style-type: none"> • Location of the septic system must comply with the siting criteria in SCC 14.16.400(6) and the Administrative Official Interpretation March 16, 2010. • On a parcel larger than 1 acre, you must demonstrate three years of income from your own commercial agricultural production on the parcel averaging at least \$100 per acre per year for the last three years in order to construct a residence.

Fees

Site evaluation	<input type="checkbox"/> Site evaluation (\$250 for up to two evaluations at the same site) <input type="checkbox"/> Additional evaluations at same site (\$100 x ___ additional evaluations)		
Design review	<input type="checkbox"/> New design (\$400) <input type="checkbox"/> Redesign (\$150)	<input type="checkbox"/> New tank (\$145) <input type="checkbox"/> Renewal (\$150)	<input type="checkbox"/> Repair (\$200) <input type="checkbox"/> Table 9 Repair (\$200)
Recording fees	<input type="checkbox"/> Lot certification (\$100) <input type="checkbox"/> OM&M for Proprietary Systems (\$99)		
Total fees submitted	Make check payable to Skagit County Planning & Development Services		

Permit Details

History	Any previous site evaluations or designs for this site? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:			
	What year was work done? Name or project file number:			
Site evaluation	<input type="checkbox"/> Existing lot		<input type="checkbox"/> Proposed lot	
Design type	<input type="checkbox"/> Aerobic/Drip	<input type="checkbox"/> Glendon	<input type="checkbox"/> Packed Bed Filter	
	<input type="checkbox"/> Aerobic/Mound	<input type="checkbox"/> Gravel Filter	<input type="checkbox"/> Sand Filter	
	<input type="checkbox"/> Aerobic/Pressure	<input type="checkbox"/> Gravity with Pump	<input type="checkbox"/> Sand Lined	
	<input type="checkbox"/> Conventional/Gravity	<input type="checkbox"/> Mound	<input type="checkbox"/> Other, describe:	
	<input type="checkbox"/> Conventional/Pressure	<input type="checkbox"/> Oscar		
System use	<input type="checkbox"/> Residential →	# of bedrooms:	# gal/day/bedroom:	total daily flow:
	<input type="checkbox"/> Non-residential →	# of occupants:	# gal/day/occupant:	total daily flow:
Proposed subdivision	<input type="checkbox"/> No subdivision proposed <input type="checkbox"/> Short subdivision (2-4 lots) <input type="checkbox"/> Long subdivision (5 or more lots); lot # ___ of ___ lots Proposed subdivision name: Lot size (acres):			

Staff Use Only Below This Line

Inspections

Site evaluation _____/_____

Design review _____/_____

Soil/site preparation _____/_____

Above/below ground _____/_____
devices

Open trenches _____/_____

Pressure test _____/_____

Self-inspection _____/_____

Installed as designed _____/_____

Final inspection _____/_____

¹ SCC 14.06.090(1)(b)



Contact Information & Signature Form

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Permit #:

Received by:

Attach this form to an application that requires it. An application will not be accepted without this form.

By signing this form, the undersigned certifies that the statements, answers, and information both on this form and the remainder of this permit application are true and correct to the best of his or her knowledge and belief.

Applicant/Contact

Name _____ Mailing Address _____
City, State _____ Zip _____ Phone _____
Email _____

Property Owner

Same as applicant Multiple owners (attach additional page)

Name _____ Mailing Address _____
City, State _____ Zip _____ Phone _____
Email _____

Designer

None Same as applicant Same as property owner

Name _____ Mailing Address _____
City, State _____ Zip _____ Phone _____
Email _____ License # _____ Expires _____

Installer

None Same as applicant Same as property owner

Name _____ Mailing Address _____
City, State _____ Zip _____ Phone _____
Email _____ License # _____ Expires _____

Signature

- I am the owner of the subject property and I grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application; OR
- I have the consent of the owners of the subject property and have attached Agent Authorization Form(s) (SCC 14.06.090); OR
- This is a fire suppression permit, mechanical/plumbing permit, septic permit, water review, or pre-development/pre-app meeting request; the property owner's authorization is not required.

Signature(s): _____ Date: _____

Printed Name: _____

Title: _____

Company: _____