

## REOUEST FOR LETTER OF AVAILABILITY

PROPERTY OWNER NAME:			
		PHONE NUMBER:	E-MAIL:
		PROJECT TYPE:	SERVICES REQUESTED:
		REMODEL OF EXISTING DWELLING	DOMESTIC WATER
☐ NEW CONSTRUCTION ☐ RESIDENTIAL ☐ COMMERCIAL	SEWER WASTEWATER		
BOUNDARY LINE ADJUST OR CERTIFICATE OF EXEMPTION	FEDERAL IRRIGATION WATER		
SHORT PLAT OR PLAT – Please attach proposed map			
NEW MULTI-FAMILY - Please attach proposed map			
GARAGE/DETACHED OR ACCESSORY DWELLING			
SHORT TERM RENTAL – Please attach a copy of the completed Chelan County STR Application			
REMODELS OF EXISTING DWELLINGS, ARE REQUIRED TO INST DEVICE DIRECTLY AFTER THEIR DRINKING WATER METER F LETTER BEING ISSUED. FAILURE TO DO SO WILL RESULT IN YOUR SERVICE IS BROUGHT UP TO COMPLIANCE. CUSTOM PREVENTION DEVICE INSPECTED AND TESTED ANNUALLY AT MUST INSPECT AND APPROVE THE INSTALLATION PRIOR TO A	OR PREMISE ISOLATION, WITHIN 90 DAYS OF THIS YOUR <u>WATER METER BEING TURNED OFF</u> UNTIL ERS ARE REQUIRED TO HAVE THEIR BACKFLOW ITHEIR OWN COST. LAKE CHELAN RECLAMATION		
DATE OF REQUEST:			
Owner's Signature:	HOW WOULD YOU LIKE TO RECEIVE THE "LETTER OF AVAILABILITY"?		
PRINTED NAME:			
DATE RECEIVED BY LCRD:			
IS THIS PARCEL LOCATED WITHIN THE BOUNDARIES OF LCRD?	☐ YES ☐ NO		
IS THIS PARCEL ADJOINING A MAIN SERVICE LINE?	☐ YES ☐ NO		
HAS THIS PROPERTY COMPLIED WITH OUR CROSS CONNECTION POLICY	Y? ☐ YES ☐ NO		
IF NO, APPROXIMATELY HOW FAR AWAY IS THEMAIN LINE?			
ADDITIONAL NOTES:			

