

WHATCOM COUNTY
 Planning & Development Services
 5280 Northwest Drive
 Bellingham, WA 98226-9097
 360-778-5900, TTY 800-833-6384
 360-778-5901 Fax



J.E. "Sam" Ryan
 Director

Permit Assessment Checklist For Health Review For Office Use Only

Permit Application Number: _____

Site Address: _____

Parcel Number: _____

Project Contact: _____

Mailing Address: _____ City _____

State _____ Zip Code _____ Phone #(____) _____

Fax #(____) _____ Email _____

Project Screen Information

Staff Use				Staff Int'l	Date
Yes	No	N/A			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the site serviced by public sewer provider?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the site serviced by public water provider?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the site serviced or proposed to be serviced by OSS?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the site serviced or proposed to be serviced by well?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has an approved sewer verification been provided?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a valid/approved OSS permit been provided?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a valid/approved water verification been provided?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all components of the OSS shown on the site plan?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a floor plan w/ all spaces identified been provided?	_____	_____

Project Requirements

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valid/Approved Public Sewer Verification.	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valid/Approved Public Water Verification	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valid/Approved OSS permit.	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OSS components shown on site plan.	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor plan with all spaces identified.	_____	_____