

## **HEALTH OFFICER DECISION**

**Application Type: Building Clearance** 

Memo #: 79020

Tax ID #: 212501-3-021-1002

RP ACCT ID: 2438075 Expiration: 09/17/2021

#### **Property Information**

11968 NW PIONEER RD Seabeck WA 98380

#### Applicant

William Jr & Melanie Reeder 11968 NW PIONEER RD SEABECK WA 98380

#### **Health Officer Decision for Onsite Sewage System**

Approved (See Conditions Below)	Name of Inspector:  JAMES ZIMNY, R.S.	Date: 08/20/2020

### **Health Officer Decision for Water Supply**

Approved (See Conditions Below)	Name of Inspector:  JAMES ZIMNY, R.S.	Date: 08/20/2020

# **Final Decision: Approved**

Health District workflow step can be approved for Building Permit final



# **Residential Building Clearance**

Application Summary:

Submitted: 8/18/2020 12:11:17 PM Completed: 8/20/2020 2:30:00 PM

Application No: 79020 Reviewer: Zimny, Jim

### **Addresses**

#### **Applicant's Address**

Melanie was Reeder 11968 NW Pioneer Rd Seabeck, WA 98380

#### **Contact Methods**

Email: melaniereeder86@gmail.com Phone: (360)471-1311

#### **Project Property Address**

Melanie was Reeder 11968 NW Pioneer Rd Seabeck , WA 98380

#### **Contact Methods**

Contact Person Phone Number: (360)471-1311 Contact Person Email: melaniereeder86@gmail.com

Assessor's Account Number: 212501-3-021-1002

Contact Person Name: Melanie Reeder

#### **Property Address**

11968 NW PIONEER RD Seabeck, WA

### **Questions**

## **Prerequisites**

- **Q:** Are you proposing a change in use of the property? For example: changing from residential to commercial use, or adding any use types that are not typical of residential use.
- A: No

Q: May Qualify for an Exemption \*\*\*

A:

Q: Do your property records indicate that your septic system has an approved septic permit?

A: Yes

Q: May Qualify for an Exemption \*\*\*

A:

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#### **Residential Building Clearance**

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Q:	Do your property records indicate that there is an approved reserve drainfield area OR the property is greater than 1 acre?		
A:	Yes		
	Q: May Qualify for an Exemption ***  A:		
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	oposal		
Q: A:	Are you proposing a detached structure with plumbing?  No		
	Q: May Qualify for an Exemption ***  A:		
Q: A:	Are you proposing an above-ground deck that is less than 10 feet from the primary and reserve drainfield areas?  No		
<u> </u>	Q: May Qualify for an Exemption ***  A:		
Q: A:	Are you proposing an increase in bedrooms? No		
	Q: May Qualify for an Exemption ***  A:		
Q:	Are you proposing the expansion of the building(s) footprint or addition of a structure (excluding decks) that will be less than 30 feet to the primary and/or reserve drainfield areas?  No		
	Q: May Qualify for an Exemption ***  A:		
Q: A:	Are you proposing the replacement of a manufactured home? No		
	Q: May Qualify for an Exemption ***  A:		
Q:	Does your application include documents stamped by a licensed septic designer or professional engineer fo establishing a reserve drainfield area?  No	r	
A:	Q: May Qualify for an Exemption ***  A:		

Permit Number: 20-04104

Application ID: 79020

Q: \*\*\* If all answers above within the Prerequisites and Proposal sections resulted in: "May Qualify for an Exemption"You may select the Building Clearance Exemption Fee in the application services section below.</br>
below.
Please note that further review by the Health District may require full Building Clearance fees you will be notified of the change.

A:

Q: Please describe your project in detail.

**A:** We have an existing two level garage. We plan on finishing the upper level, converting the upper storage room into a rec room W 3/4 bath and kitchenette.

## Septic System Detail

Q: Is the property served by a standard gravity or standard pump-to-gravity onsite sewage system?

A: Yes

**Q:** Has the septic tank (and pump tank if present) been inspected or pumped within the last 3 years? This is required for application approval.

A: Yes

## **Drinking Water Detail**

Q: Is the property served by a public water system?

A: Yes

Q: Name of public water system

A: PUD 1

Q: Public water system ID number (if known)

**A:** 021407-000

**Q:** Are all wells located on the property shown on your site plan? If there are wells, they must be shown on the site plan.

**A:** N/A

## Informational

Q: A site plan that meets the Universal Site Plan is required to be attached to this application.

A:

## Acknowledgment

**Q:** I certify that all of the information provided is accurate to the best of my knowledge, and agree to all of the conditions set forth within KCBOH Ordinance No. 2008A-01. The site plan must comply with the requirements listed on the universal site plan and include a bar scale. Failure to complete site plan requirements may result in application rejection.

A: Yes

**Residential Building Clearance** 

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**Q:** I understand that based upon the initial review of my application that the service fee selected may be changed by the Health District.

A: Yes

# **Service Summary**

Service	Fee
Full Building Clearance	\$330.00

Total charges for application: \$330.00

## **Payment Log**

Date	Amount	Description	Bank Response
8/18/2020	\$330.00	Application Fee	This transaction has been approved.

Total amount Paid: \$330.00

**Residential Building Clearance** 

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