

**LAKE WASHINGTON SANITARY DISTRICT  
INDIVIDUAL SEWAGE STORAGE SYSTEM  
PERMIT APPLICATION**

PROPERTY OWNER	LOCATION
Name: _____ Address: _____ _____ Phone: Day _____ Evening _____	Legal Description: _____ _____ Property Address: _____ Parcel Number: _____
<b>PERMIT REQUESTED FOR</b>	
New Construction _____ Private / Public Function _____  Dates Permit requested. From: _____ To: _____	
<b>“ISSS” PROVIDER INFORMATION</b>	
Company Providing “ISSS” _____ Address: _____ City/State/Zip: _____ Phone: _____	

**APPLICANT’S ACKNOWLEDGEMENT AND SIGNATURE:** The undersigned hereby represents upon all of the penalties of law that all statements herein are true and in accordance with applicable County and State Regulations, and that the applicant has received and read a copy of the Lake Washington Sanitary District Ordinances CODE.

X \_\_\_\_\_  
 Applicant Date

Permit is hereby granted and effective for the requested dates.

\_\_\_\_\_  
 District Secretary Date

The Lake Washington Sanitary District **CODE** requires a permit for **ALL** Individual Sewage Storage System use within the Sanitary District. Any person, private entity, or governmental entity, who shall violate the **CODE**, shall be guilty of a penal offense and upon conviction, shall be punished by a fine of not more than \$500 or by imprisonment for not more than ninety (90) days, plus the cost of prosecution in either case. A conviction shall not bar a later conviction for subsequent violations of the ordinance.