



801 – 228<sup>th</sup> Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.sammamish.us

PERMIT NUMBER							
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## Applicant Request for Concurrent Review by Public Health and the City of Sammamish

Property Owner:	
Project Street Address:	
City/State/Zip:	
Parcel No:	

I request that the City of Sammamish waive the complete application requirement for on-site sewage system approval for the above referenced building permit to conduct concurrent reviews of my building application submitted to the City and my On-site Sewage System (OSS) site design application submitted to Public Health.

I understand that there are risks associated with waiving the application requirement of on-site sewage system approval by the Department of Public Health including: the possibility of plan modifications; possible denial of one or both of the permits; and my responsibility to pay for costs associated with each department’s review even when one or both permits are denied. Should modifications to my plans be required to obtain City approval, I agree to pay for costs associated with the preparation and review of all such plan revisions. I also understand that when significant revisions are required, concurrent review may not achieve the desired result of saving review time.

I certify that I submitted to the Public Health Department my OSS site design application.

On: \_\_\_\_\_  
(date)

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_