

# TENANT IMPROVEMENT PERMIT APPLICATION PACKET



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# Tenant Improvement Permit Packet

C 13

Development Services Department

865 S.E. Barrington Dr. ~ Oak Harbor, WA 98277 ~ Phone (360) 279 4510 ~ Fax (360) 279-4519

**Use this checklist to ensure that all necessary information is provided for review of your project.**

## **Requirements for Submittal**

- \_\_\_\_\_ A completed Permit Application
- \_\_\_\_\_ Two (2) sets of accurate fully dimensioned drawings
- \_\_\_\_\_ Two (2) sets of engineering and/or specifications (if applicable)
- \_\_\_\_\_ Two (2) sets of NREC forms (if applicable)
- \_\_\_\_\_ Island County Health Dept. Approval (Food & Drink Service)

## **Plans to include the following:**

- \_\_\_\_\_ All interior wall corridors, door swings and windows
- \_\_\_\_\_ Required fire walls and door locations
- \_\_\_\_\_ Plumbing & Mechanical fixture locations
- \_\_\_\_\_ Location of fire alarm components, sprinkler heads, emergency lighting exit signs, ectõ
- \_\_\_\_\_ All new work to be done, clearly marked separate from all existing walls, fixtures, ectõ
- \_\_\_\_\_ Handicap parking and access into the building all the way to the altered area.
- \_\_\_\_\_ Cross section showing any new wall and ceiling construction

**APPLICATIONS ARE ONLY CONSIDERED COMPLETE IF ALL INFORMATION REQUESTED ON FORMS IS FILLED IN.**

## A. FEES DUE AT TIME OF PERMIT APPLICATION

The following non-refundable fees will be collected at the time of application for all tenant improvements projects.

1. Building Plan Check Fee

## B. CODES

The City of Oak Harbor currently enforces the following code regulations:

### National Codes

1. International Building Code (IBC)
2. International Residential Code (IRC)
3. International Mechanical Code (IMC)
4. International Fuel Gas Code (IFGC)
5. International Fire Code (IFC)
6. Uniform Plumbing Code (UPC)
7. International Property Maintenance Code (IPMC)
8. Accessible & Usable Buildings and Facilities (ICC/ANSI 1417.1)

### Washington State Amendments

1. WAC 51-50 Washington State Building Code
2. WAC 51-51 Washington State Residential Code
3. WAC 51-52 Washington State Mechanical Code
4. WAC 51-54 Washington State Fire Code
5. WAC 51-56 & 51-57 Washington State Plumbing Code and Standards
6. WAC 51-11 Washington State Energy Code
7. WAC 296-46B Electrical Safety Standards, Administration, and Installation

## C. CITY OF OAK HARBOR DESIGN REQUIREMENTS

Design Wind Speed:	85 miles per hour (IBC Figure 1609)
Ground Snow Load:	17 pounds per square foot (IBC Figure 1608.2)
Rain or Snow Surcharge:	5 psf added to flat roofs if slope is <1/2qper foot
Seismic Zone:	D2 This is site specific for buildings designed under the IBC.
Rainfall:	2 inches per hour for roof drainage design.
Frost Line Depth:	12 inches
Soil Bearing Capacity:	1,500 psf unless a Geo-Technical Report is provided.

## D. PLANS AND DRAWINGS

Submit three (3) complete sets of drawings and plans. Drawings and plans must be submitted on minimum 18+X 24+, or maximum 30+X 42+paper. All sheets are to be the same size and sequentially labeled. Plans are required to be clearly legible, with scaled dimensions, in indelible ink, blue line, or other professional media. Plans will not be accepted that are marked preliminary or not for construction, that

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have red lines, cut and paste details or those that have been altered after the design professional has signed the plans.

Please Note: A separate submittal of plans is required for each building or structure.

### **E. SITE PLAN – REQUIRED WITH ALL SUBMITTALS**

(May be included as part of the Architectural Drawing cover Sheet)

1. Drawing shall be prepared at scale not to exceed 1"= 20 feet.
2. Show building outline and all exterior improvements.
3. Provide property legal description and show property lines.
4. Provide dimensions from the property lines to a minimum of two building corners (or two identifiable locations for irregular plan shapes).
5. Show building set backs, easements and street access locations.
6. Indicate North direction.
7. Indicate finish floor elevation for the first level.
8. Provide topographical map of the existing grades and the proposed finished grades with maximum five feet elevation contour lines.
9. Show the location of all existing underground utilities, including water, sewer, gas and electrical.
10. Flood hazard areas, floodways, and design flood elevations as applicable.

### **F. ARCHITECTURAL DRAWINGS**

#### **1. Cover Sheet**

##### a) Building Information

1. Specify model code information.
2. Construction Type.
3. Number of stories and total height in feet.
4. Building square footage (per floor and total)
5. IBC Occupancy Type (show all types by floor and total).
6. Mixed-use ratio (if applicable)
7. Occupant load calculation (show by occupancy type and total)
8. List work to be performed under this permit

##### b) Design Team Information

1. Design Professional in Responsible Charge
2. Architects
3. Structural Engineers
4. Owner
5. Developer
6. Any other Design Team Members

#### **2. Floor Plan**

- a) Plan view 1/8" minimum scale. Details a minimum ¼-inch scale.
- b) Plans must show the entire tenant space.
- c) Specify the use of each room/area.

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- d) Provide an occupant load calculation on the floor plan. (on every floor, in all rooms and spaces)
- e) Show **ALL** exits on the plans; include new, existing or eliminated.
- f) Show Barrier-Free information on the drawings.
- g) Show the location of all permanent rooms, walls and shafts.
- h) Note the uses in the adjacent tenant spaces, if applicable.
- i) Provide a door and door hardware schedule.
- j) Show the location of all new walls, doors, windows, ect.
- k) Provide details and assembly numbers for any fire resistive assemblies.
- l) Indicate on the plans all rated walls, doors, windows and penetrations.
- m) Provide a legend that distinguishes existing walls, walls to be removed and new walls.

### 3. Reflected Ceiling Plan

- a) Plan view 1/8+minimum scale. Details a minimum 1/4-inch scale.
- b) Provide ceiling construction details.
- c) Provide suspended ceiling details complying with IBC 808.1.1.1. Show seismic bracing details.
- d) Show the location of all emergency lighting and exit signage.
- e) Detail the seismic bracing of the fixtures.
- f) Include a lighting fixture schedule.

### 4. Framing Plan

- a) Specify the size, spacing, span and wood species or metal gage for all stud walls.
- b) Indicate all wall, beam and floor connections.
- c) Detail the seismic bracing for all walls.
- d) Include a stair section showing the rise, run, landings, headroom, handrail and guardrail dimensions.

### 5. Storage Racks (if applicable)

- a) Structural calculations are required for seismic bracing of storage racks eight feet or greater in height.
- b) Eight feet or less, show a positive connection to floor or walls.

**NOTE:** High pile storage shall meet the requirements of current International Building and Fire Codes.

## G. SPECIAL INSPECTION

- 1. Where special inspection is required the registered design professional in responsible charge shall prepare and complete the special inspection and testing agreement application that will be submitted to the City of Oak Harbor and approved prior to issuance of the building permit.

## H. WASHINGTON STATE ENERGY CODE

- 1. Two completed Washington State Non-Residential Energy Code **Envelope Summary** forms.



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## I. OCCUPANT'S STATEMENT OF INTENDED USE

1. The **Occupant's Statement of Intended Use** form shall be completely filled out and may require the submittal of a Hazardous Materials inventory Statement (HMIS). Contact the Oak Harbor Fire Department.

The building permit does not include any mechanical, electrical, plumbing or fire sprinkler/alarm work. **These permits are issued separately.** Mechanical, electrical, plumbing, or fire sprinkler/alarm permits require a separate permit application and may also require separate plan review.

Please note that any tenant improvement work in a space that involves food handling or preparation requires Island County Health District approval **before the permit can be issued.** You must provide the Building Division a copy of the approval letter or the approved plans. Contact the Island County Health District at (360) 679-7350 with any questions or for more information.

An intake appointment is required for all large Tenant Improvement Building Permit Applications. To determine if your project requires an intake appointment, to schedule an appointment or to ensure that you have the most current information, please contact the City of Oak Harbor Building Division at (360) 279-4510.

**Application by courier or mail will not be accepted.  
Incomplete applications will not be accepted.**

I acknowledge that all items designated as submittal requirements must accompany my Building Permit Application to be considered a complete submittal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner/Owner's Representative

Company: \_\_\_\_\_ Phone: \_\_\_\_\_



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### Project Information

Site Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Valuation: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

### Permit Type (check all that apply)

<input type="checkbox"/> New SFR Residential	<input type="checkbox"/> New Commercial	<input type="checkbox"/> Commercial Plumbing	<input type="checkbox"/> Accessory Building
<input type="checkbox"/> SFR Alteration	<input type="checkbox"/> Commercial Alteration	<input type="checkbox"/> Commercial Mechanical	<input type="checkbox"/> Agricultural Building
<input type="checkbox"/> SFR Addition	<input type="checkbox"/> Commercial Addition	<input type="checkbox"/>	<input type="checkbox"/> Demolition
<input type="checkbox"/> SFR Mechanical	<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Irrigation System
<input type="checkbox"/> SFR Plumbing	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Sign	<input type="checkbox"/> Other

### Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Owner

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Contractor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Design Professional

Architect     Engineer     Designer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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<b>PLUMBING</b>			
Please indicate the quantity of fixtures where applicable			
ITEM	FEE	QTY	AMOUNT
<b>Basic Permit Fee</b>			<b>\$20.00</b>
Bar Sink	\$7.00		
Bathtub or Bath/shwr combo	\$7.00		
Clothes Washer	\$7.00		
Dishwasher	\$7.00		
Hose Bibb	\$5.00		
Kitchen Sink	\$7.00		
Laundry Sink	\$7.00		
Lavatory Sink	\$7.00		
Shower (stand-alone)	\$7.00		
Toilet	\$7.00		
Vacuum Breakers	\$7.00		
Water Heater (Ele only)	\$12.00		
Other	\$7.00		
Traps Other than above items	\$7.00		
Backflow Device 2+ or less	\$7.00		
Backflow Device 2+ or more	\$15.00		
Lawn Irrigation Zones Ea.	\$7.00		
Alteration or Repair of Drainage Piping, Ea Fixture	\$7.00		
Misc. Equip	\$7.00		

<b>MECHANICAL</b>			
Please indicate the quantity of units where applicable			
ITEM	FEE	QTY	AMOUNT
<b>Basic Permit Fee</b>			<b>\$23.50</b>
Furnace . including 100K BTU	\$15.00		
Furnace . over 100K BTU	\$15.00		
Unit Heater	\$15.00		
Appliance Vents	\$7.00		
Exhaust Hood	\$11.00		
Clothes Dryer	\$11.00		
Boilers- including 100K BTU	\$15.00		
Boiler . Over 100K BTU	\$27.00		
Gas Piping ( 1-5 outlets)	\$5.00		
Gas Piping Outlet over 5	\$1.00		
Fireplace Insert	\$25		
Fireplace Free Standing	\$35		
HVAC including 10K CFM	\$11.00		
HVAC over 10K CFM	\$18.00		
Furnace (over 100K)	\$18.00		
Incinerators (Com only)	\$15.00		
Evaporate Coolers	\$11.00		
Repair & Alter of Mech. Equip	14.00		
AC/Heat Pump	\$15.00		
Exhaust Vents	\$7.00		

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will compiled with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

Use Zone	Lot Area	Vacant Site	Lot Coverage	Flood zone
Front Setback	Side Setback	Rear Setback	Design Review	Critical Areas
Occupancy Group	Type of Construction	No of Dwelling Units	Sq Ft Garage	Sq FT Carport
SQ Ft Floor #1	Sq Ft Floor #2	SQ FT Floor #3	Sq FT Deck	

## WHEN A MECHANICAL PERMIT IS REQUIRED?

The City of Oak Harbor requires a mechanical permit before mechanical equipment is installed, altered, replaced or remodeled. Examples are installations or alterations of gas piping, replacement of furnaces: installation or replacement of gas fireplaces: installation of gas logs in an existing wood-burning fireplace: and replacement or installation of gas space heaters and gas water heaters.

New and replacement gas water heaters are processed under Mechanical Permits

New and replacement electrical water heaters are processed under Plumbing Permits.

The City of Oak Harbor does not require a permit to replace an existing gas clothes dryer, stovetop ranges, ovens, or gas log if there is no gas piping installed or altered.

## MECHANICAL PLAN REVIEW IS REQUIRED FOR THE FOLLOWING PROJECTS

1. New Commercial Buildings.
2. Complete HVAC systems and AC units, heat pumps, rooftop units or exhaust fans.
3. All hoods (Type I and II).
4. All spray booths
5. Multifamily (Except Townhouses) with common areas or smoke control
6. Alteration and/or modifications to existing mechanical systems.

## SUBMIT TWO (2) COPIES OF THE FOLLOWING FOR MECHANICAL PLAN REVIEW

- Mechanical plans or drawings. (Minimum plan size is 18+X 24+scale, ¼+scale for details.)
- Engineered structural gravity and/or lateral force calculations for ALL rooftop units. If the unit is 400 lbs or larger engineered structural lateral force calculations are required.**
- Reflected ceiling plan showing and identifying ductwork, equipment, piping, supply diffusers, return air grilles and fire dampers.
- List of equipment and schedule.
- Rooftop mechanical screening shall be required for any new rooftop equipment greater than 1' in height and for any new equipment exterior to the building.** Screen materials must be architecturally compatible with the building and shall be as high as the equipment being screened. Plans must show height of equipment relative to screening and shall include notations of materials and colors to be used. If an existing parapet effectively screens proposed equipment, plans must show parapet height relative to equipment height.

## OTHER INFORMATION

All Natural Gas Fuel Gas Piping is now covered under the 2009 International Fuel Gas Code. Liquefied Petroleum Gas installations are covered by NFPA 54 (2009 National Fuel Gas Code) and NFPA 58 (2008 Liquefied Petroleum Gas Code).

## WHEN A PLUMBING PERMIT IS REQUIRED

The City of Oak Harbor requires a plumbing permit before a plumbing system or fixture is installed, altered, or remodeled. Examples include new installation and replacement of dishwashers, water heaters, toilets, bathtubs, showers, or irrigation system. This also includes the replacement of all or part of a water supply or waste system. The city does not require a permit to stop leaks or clear stoppages unless the piping being repaired is altered or replaced.

New and replacement gas water heaters are processed under a Mechanical Permit.

New and replacement electric water heaters are processed under a Plumbing Permit.

## PLUMBING PLAN REVIEW IS REQUIRED FOR THE FOLLOWING PROJECTS

1. New Commercial Buildings/New Multi-Family Buildings
2. Installation of Medical Gas Systems
3. Installation of Commercial Kitchen and Deli
4. Installation of Grease Traps or Grease Interceptors **NOTE: Three (3) sets of drawings are required.**
5. Alteration and/or modification to existing plumbing system.

## SUBMIT TWO (2) COPIES OF THE FOLLOWING FOR PLUMBING PLAN REVIEW:

- Plumbing plans or drawings. (Minimum plan size is 18+X 24+scale, 1/4+scale for details.)
- Size of sanitary and potable water systems.
- Location, type and specifications (cut sheets) of proposed fixtures and equipment.
- Riser diagram of waste and vent, potable water and rain water systems, including sizes.
- Medical gas piping riser diagram indicating type of gas, bottle storage room and size of piping.
- Lawn Irrigation systems, including number of heads at each zone, control devices and back flow assemblies
- Location and type of all backflow assemblies for each fixture.

**Requirements for fuel gas piping and combustion air or venting of equipment are reviewed in the International Mechanical Code and International Fuel Gas Code.**

**The installation of a backflow prevention devices (including those installed with a residential lawn sprinkler system) requires that a test report as specified in Uniform Plumbing Code Section 603.3.3 be provided at the job site at the timer of final inspection.**



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The purpose of this questionnaire is to help determine if you have any special plumbing or activities that pose an increased risk of contamination to the city of Oak Harbor water system. Please fill out the questionnaire and check the appropriate box that applies to your business or project.

Project Site Address: \_\_\_\_\_ Property Tax Parcel: \_\_\_\_\_

Project Description: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Email: \_\_\_\_\_ Owner's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Backflow prevention assemblies shall be installed at all premises where in the judgment of the City of Oak Harbor Building Division or Water Division, the nature of activities on the premise may present a hazard to the public water system. All commercial and multifamily projects are required to provide premise isolation as a minimum protection.

1. Please indicate if your facility has, or will have any of the following :

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Air Conditioners                                  | <input type="checkbox"/> Coffee Urn                                 | <input type="checkbox"/> Fume Hoods                             |
| <input type="checkbox"/> Air Compressor                                    | <input type="checkbox"/> Commercial Cooking Kettles                 | <input type="checkbox"/> Garbage Can Washers                    |
| <input type="checkbox"/> Air Washers                                       | <input type="checkbox"/> Computer Cooling Lines                     | <input type="checkbox"/> Heat Exchangers w/o dbl wall leak path |
| <input type="checkbox"/> Aquarium make-up Water                            | <input type="checkbox"/> Condensate Tanks                           | <input type="checkbox"/> Heat Pumps                             |
| <input type="checkbox"/> Aspirators, weedicide, herbicide, pesticide       | <input type="checkbox"/> Cooling Towers Etching Tanks               | <input type="checkbox"/> Heating System using water             |
| <input type="checkbox"/> Aspirators, Medical -Lab                          | <input type="checkbox"/> Decorative Ponds/ Fountains                | <input type="checkbox"/> Heating Boilers, Commercial            |
| <input type="checkbox"/> Autoclave   | <input type="checkbox"/> Degreasing Equipment                       | <input type="checkbox"/> High Pressure Washers                  |
| <input type="checkbox"/> Autopsy Tables                                    | <input type="checkbox"/> Dental Equipment /Cuspidors                | <input type="checkbox"/> Hot Tub                                |
| <input type="checkbox"/> Auxiliary water system (well, pond, creek, other) | <input type="checkbox"/> Dialysis Equipment                         | <input type="checkbox"/> Hydrotherapy Baths                     |
| <input type="checkbox"/> Baptismal Fountain                                | <input type="checkbox"/> Dishwashers                                | <input type="checkbox"/> Ice Makers                             |
| <input type="checkbox"/> Bathtub, below rim filler                         | <input type="checkbox"/> Drinking Fountains                         | <input type="checkbox"/> Industrial Fluid Systems               |
| <input type="checkbox"/> Bed Pan Washers                                   | <input type="checkbox"/> Dye Vats                                   | <input type="checkbox"/> Intertied (looped) Services            |
| <input type="checkbox"/> Beverage (pop) Machines using Co2                 | <input type="checkbox"/> Espresso Machines                          | <input type="checkbox"/> Irrigation system (no chemicals)       |
| <input type="checkbox"/> Boilers Feed Lines                                | <input type="checkbox"/> Etching Tanks                              | <input type="checkbox"/> Irrigation system (chemical)           |
| <input type="checkbox"/> Bottle Washing Equipment                          | <input type="checkbox"/> Fermenting Tanks                           | <input type="checkbox"/> Janitor sink                           |
| <input type="checkbox"/> Brine Tanks                                       | <input type="checkbox"/> Fertilizer Injection                       | <input type="checkbox"/> Kitchen Equipment                      |
| <input type="checkbox"/> Building three stories or more tall               | <input type="checkbox"/> Film Processors                            | <input type="checkbox"/> Laboratory Equipment                   |
| <input type="checkbox"/> Car Washing Equipment                             | <input type="checkbox"/> Fire Dept Pumper Connection                | <input type="checkbox"/> Laundry Machines                       |
| <input type="checkbox"/> Chemical Feed tank for industrial process         | <input type="checkbox"/> Fire Sprinkler Systems (with booster pump) | <input type="checkbox"/> Lawn Landscape Irrigation w chemical   |
| <input type="checkbox"/> Chemical Feed (commercial cleaners)               | <input type="checkbox"/> Fire Sprinkler system with chemicals       | <input type="checkbox"/> Lawn Landscape Irrigation w/o chemical |
| <input type="checkbox"/> Chlorinators                                      | <input type="checkbox"/> Fire Sprinkler Systems w/o chemicals       | <input type="checkbox"/> Livestock Drinking Tanks               |
|  | <input type="checkbox"/> Floor Drains                               | <input type="checkbox"/> Make-up Tanks                          |
|  |   | <input type="checkbox"/> Mobile Carpet Cleaners                 |

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pesticide Applicator Trucks  | <input type="checkbox"/> Sewer Flushing             | <input type="checkbox"/> Swimming Pool                      |
| <input type="checkbox"/> Photo Developing Sinks/Tanks | <input type="checkbox"/> Shampoo Sink               | <input type="checkbox"/> Trap Primers                       |
| <input type="checkbox"/> Private Fire Hydrants        | <input type="checkbox"/> Solar Heating Systems      | <input type="checkbox"/> Used or Gray Water systems         |
| <input type="checkbox"/> Private Wells                | <input type="checkbox"/> Spa/Sauna                  | <input type="checkbox"/> Water Treatment Filtration Systems |
| <input type="checkbox"/> Pump Prime Trucks            | <input type="checkbox"/> Steam Generating Equipment | <input type="checkbox"/> X-Ray Equipment                    |
| <input type="checkbox"/> Radiator Flushing Equipment  | <input type="checkbox"/> Sterilizers                |   |
| <input type="checkbox"/> RV Dump Stations             | <input type="checkbox"/> Stills                     |   |
| <input type="checkbox"/> Sewer Connected Equipment    | <input type="checkbox"/> Sumps                      |   |

2. Are you aware of any existing backflow protection located on this property?

Please Describe: \_\_\_\_\_  
 \_\_\_\_\_

3. Please provide the name of all products or chemicals that are mixed with water at your location. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

4. Please provide the name of all products or chemicals that are stored in bulk at your location.

\_\_\_\_\_  
 \_\_\_\_\_

*The above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the domestic water system must be reported immediately to the City of Oak Harbor Building Division and Water division as a condition of continued service.*

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY THE WATER QUALITY DIVISION							
Type of Water Use	Hazard Assessment		Backflow Protection Required				
	Low	High	None	DCVA	DCDA	RCBA	RPDA
Domestic							
Irrigation							
Fire							
Status of Meter	Meter is Set		Okay to Install				
Certified By				Locked per Water Quality Division			