



WASHINGTON COUNTY

Department of Land Use & Transportation
Development Review/Current Planning
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Request for Statement of Service Availability (Service Provider Letter)

WASHINGTON COUNTY HEALTH & HUMAN SERVICES SOLID WASTE & RECYCLING PROGRAM

Mixed solid waste and recyclables storage requirements apply to new multi-unit and single-family attached residential buildings with five or more units and to new commercial, industrial and institutional construction inside the UGB.

This letter serves to comply with the submittal requirements of Washington County CDC §406 7.6.

Applicant: Please include with this form to-scale site plans showing dimensional details and the location of the mixed solid waste and recyclables storage facility and a site circulation plan showing the proposed path of access to the facility (11- x 17-in. minimum).

PROPOSED PROJECT NAME: _____

PROPOSED DEVELOPMENT ACTION (DEVELOPMENT REVIEW, SUBDIVISION, MINOR PARTITION, SPECIAL USE): _____

EXISTING USE: _____ PROPOSED USE: _____

IF RESIDENTIAL:	IF INDUSTRIAL/COMMERCIAL:	IF INSTITUTIONAL:
NO. OF DWELLING UNITS: _____	TYPE OF USE: _____	NO. SQ FT: _____
SINGLE FAM: _____ MULTI-FAM: _____	NO. OF SQ FT (GROSS FLOOR AREA): _____	NO. STUDENTS/EMPLOYEES/MEMBERS: _____

Washington County Health & Human Services Solid Waste & Recycling Program response:

SERVICE LEVEL IS **ADEQUATE** TO SERVE THE PROPOSED PROJECT.

SIGNATURE: _____ POSITION: _____ DATE: _____

SERVICE LEVEL IS **INADEQUATE** TO SERVICE THE PROPOSED PROJECT.

Please indicate why the service level is inadequate and indicate what improvements or revisions to the proposal are needed for you to provide adequate service to this project. (Use additional sheets if necessary.)

SIGNATURE: _____ POSITION: _____ DATE: _____

Comments:

PREAPPLICATION DATE: _____

Service Provider, PLEASE RETURN THIS FORM TO APPLICANT:

COMPANY: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____