



6100 219th Street SW, Suite 200
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

WATER METER APPLICATION

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Permit Fee \$ _____	
City Installed Fee \$ _____	Capital Improvement Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Single-Family Residential

Multi-Family

Commercial

Job Site Address: _____

Business or Project Name: _____

This permit application must include the following:

- A completed [Permit Contact Information Form](#)
- **Understanding that when meter is to be installed the owner/agent must provide a permit specialist with a signed and dated Water Meter Installation Request Form.**
- **City Installed _____ Developer Installed _____**

This application is hereby made to obtain the following water meter:

Specify Type of Meter _____ Size of Meter _____

New Meter Installation At _____

Per MTMC 13.05.120-Bimonthly billing will commence at the time the water service meter & meter box are installed. Only upon demolition of the structure, or upon declaration by the Building Official that the unit is uninhabitable, will the bimonthly water service charge be discontinued. Sewer & stormwater charges will begin when water charges commence.

Signature

I certify the information provided on this permit application is true and correct.

Owner/Agent _____ Date _____
Print

Owner/Agent _____
Signature



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PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Signed: _____ **Print Name:** _____ **Date:** _____



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WATER METER INSTALLATION REQUEST FORM

Permit Number: _____

Date: _____

Site Address: _____

Requested By: _____

Developer/Owner Signature: _____

Per MTMC 13.05.120: Bimonthly billing will commence at the time the water service meter & meter box are installed. Only upon demolition of the structure, or upon declaration by the Building Official that the unit is uninhabitable, will the bimonthly water service charge be discontinued. Sewer & stormwater charges will begin when water charges commence.

Route to:

Construction Engineer: _____
Signature

Public Works Supervisor: _____
Signature