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| **Project/Tenant Information** | | | | | | | | | | | |
| Design-Build projects shall submit Application for Connection as determined by the Port PM/CM (It is encouraged that submittal milestones be established in PDD)  Design-Bid-Build projects shall submit Application for Connection at all project milestones (30%/60%/90%/100%)  **No connection to the utility shall be established without an approved Application for Connection** | | | | | | | | | | | |
| **Date:** | | Click or tap here to enter text. | | | **CIP #:** | Click or tap here to enter text. | | | **Mandatory Project ID#:** | Click or tap here to enter text. | |
| **Project Title:** | | Click or tap here to enter text. | | | | | | | **% Design Complete:** | Click or tap here to enter text. | |
| **Project Description:** | | Click or tap here to enter text. | | | | | | | | | |
| **Airport Tenant Company:** | | Click or tap here to enter text. | | | | | | | | | |
| **Contact Person:** | | Click or tap here to enter text. | | | **Phone:** | Click or tap here to enter text. | | | **Fax:** | Click or tap here to enter text. | |
| **Address:** | | Click or tap here to enter text. | | | | | | | | | |
| Street City State Zip Code | | | | | | | | | |
| **Port Line of Business Representative:** | | Click or tap here to enter text. | | | | | | | | | |
| **Location of Service:** | | Click or tap here to enter text. | | | | | | | | | |
| **POS Project Manager:** | | Click or tap here to enter text. | | | | | | | **Phone:** | Click or tap here to enter text. | |
| **Design Firm:** | | Click or tap here to enter text. | | | | | | | | | |
| **Design Project Manager:** | | Click or tap here to enter text. | | | | | | | **Phone:** | Click or tap here to enter text. | |
| **Lead Design Engineer:** | | Click or tap here to enter text. | | | | | | | **Phone:** | Click or tap here to enter text. | |
| **Project Presented to the Mechanical System Design Review Committee on:**  If you have not presented to the Mechanical System Design Review Committee and would like to schedule a time on the agenda, please go to: <https://portseattle.sharepoint.com/sites/avficommittee/SitePages/Home.aspx> or email [AVCommittees@portseattle.org](mailto:AVCommittees@portseattle.org) | | | | | | | | | | Click or tap here to enter text. | |
| **Documents Provided** | | | | | | | | | | | |
| Flow Calculations | | | Fixture Schedule | | | | General Arrangement Drawings | | | | |
| Elevation Drawings | | | Riser Diagram | | | | Connection Details | | | | |
| **Connection Details** | | | | | | | | | | | |
| 1. **Connection Requested for:** | | | | | | | | | | | |
|  | **New – Domestic Service** *(Reduced Pressure Backflow Prevention Device Required)* | | | | | | | | | | |
|  | **New Fire Service** *(Requires double Check Valve)* | | | | | | | | | | |
|  | **New Irrigation** *(Reduced Pressure Backflow Prevention Device Required)* | | | | | | | | | | |
|  | **Expansion/Replacement of Existing Domestic Service** | | | | | | | | | | |
|  | **Expansion/Replacement of Existing Fire Service** | | | | | | | | | | |
|  | **Other:** Click or tap here to enter text. | | | | | | | | | | |
| 1. **Required Date for Connection:** | | | | Click or tap here to enter text. | | | | | | | |
| 1. **Requested Size of Domestic Service (Meter):** | | | | Click or tap here to enter text. | | | | | | | |
| 1. **Fire Flow Header Size:** | | | | Click or tap here to enter text. | | | | | | | |
| 1. **Fire Flow Rate:** | | | | Click or tap here to enter text. | | | | | | | |
| 1. **Hydraulic Calculations Attached:** | | | | Click or tap here to enter text. | | | | | | | |
| 1. **Hydraulic Calculations Attached:** | | | | **Yes** | |  | | **No** | | |  |
| 1. **Drawings Attached** | | | | **Yes** | |  | | **No** | | |  |
| 1. **Drawing Numbers:** | | | | Click or tap here to enter text. | | | | | | | |
| 1. **Port Assigned Equipment ID#:** | | | | Click or tap here to enter text. | | | | | | | |
| 1. **A final copy of “As-Built” system drawings must be provided by F&I at the conclusion of the project.** | | | | | | | | | | | |

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| **Fixture Schedule Changes** | | | | | | | |
| **Location:** | Click or tap here to enter text. | **Area:** | Click or tap here to enter text. | **Door #:** | Click or tap here to enter text. | **Floor:** | Click or tap here to enter text. |
| ***Fixture Count(s):*** *For each fixture type where additions/removals are to take place, enter the count of existing fixtures followed by the revised count that includes any proposed changes:*  *For fixtures in the Terminal, South Satellite or Concourses A-D: Applicant shall contact Midway Sewer District, Ryan Phelan or Marc Montieth, 3030 S 240th St, Kent, WA 98032 – (206) 824-4960; for North Satellite and buildings North of the Terminal contact Valley View Sewer District,* [*valvue@valvue.com*](mailto:valvue@valvue.com) *(email) or 3460 S 148th Suite 100, Seattle, WA 98168 – (206)242-3236 and pay the GFC charges resulting from the fixture count addition. Provide a copy of the “paid” receipt with this Application.* | | | | | | | |
|  | **WC** | **WC > 1.6 GPF** | **Urinal** | **Lavatory** | **Sink, bar** | **Sink, kit** | **Sink, mop** |
| **# Existing** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **# Proposed** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Handwash (Single lav)** | **Sink service** | **Sink, 2-Comp** | **Sink 3-Comp** | **DF** | **DW** | **CW** |
| **# Existing** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **# Proposed** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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|  | **Shower** | **Other (Specify):** |
| **# Existing** | Click or tap here to enter text. | Click or tap here to enter text. |
| **# Proposed** | Click or tap here to enter text. | Click or tap here to enter text. |
| ***Definitions: WC –*** *Water closet (efficient vs. more than 1.6 GPF);* ***DF –*** *Drinking fountain;* ***FD –*** *Floor Drain;* ***DW –*** *Dishwasher;* ***CW –*** *Clotheswasher;* ***FS –*** *Floor Sink* | | |

**Water Supply Fixture unit values (WSFU) shall be recorded as shown below:**

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| **WC: 3** | **Sink, Bar: 2** | **Sink, Service: 3** | **DW: 2** |
| **WC > 1.6 GPF: 6** | **Sink, Kit: 2** | **Sink, 2-Comp: 3** | **CW: 4** |
| **Urinal: 2** | **Sink, Mop: 3** | **Sink, 3-Comp: 6** | **Shower: 2** |
| **Lavatory: 1** | **Sink, Handwash: 1** | **DF: 1** | **Glass Washer: 2** |
| **Ice Maker: 1** | **Coffee Maker: 1** | **Steamer: 2** | **Ware Washer: 2** |

**NOTES: Utility Shutdown Request Form must be completed before connection during construction phase (7 days’ notice required).**

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| **Prepared by:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| *A revised application is required as the project progresses from pre-design to 100% design. No connections to the sanitary waste system will be allowed without Facilities & Infrastructure approval of this document.* | | | |

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| **Application is:** | **Approved** | | **Approved as notes** *(see below)* |
| **Revise and Resubmit** | | **Rejected** |
| **Notes:** |  | | |
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| ***Aviation/Facilities & Infrastructure*** | | ***Date*** | |

**If Tenant project, Utility Business Manager must review.**

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| **Application is:** | **Approved** | | **Approved as notes** *(see below)* |
| **Revise and Resubmit** | | **Rejected** |
| **Notes:** |  | | |
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| ***Utility Business Manager*** | | ***Date*** | |