

Chelan County Water Management Program Water Mitigation Certificate Application

INCOMPLETE APPLICATIONS, INCLUDING APPLICATIONS WITHOUT THE PROPER DOCUMENTATION, WILL NOT BE ACCEPTED. (*Print Single Sided*)

PLEASE PROVIDE:

- A COPY OF THE PARCEL'S FULL LEGAL DESCRIPTION (if available)
- ALL APPLICABLE FEES (checks made payable to Chelan County)
- NOTARIZED PAGE MUST BE COMPLETED TO SUBMIT

OWNER CONTACT INFO	PROJECT LOCATION	
Owner:	Tax Parcel No	
Mailing Address:	Parcel Address/City:	
City/State/Zip:		
Email:		
Phone:		
Owner Representative:	Phone:	
Email:		
Please describe proposed project:		
Application is for:		
□ New Single Family Residence, Manufactured Home, Mobile Home, or Park Model Home		
□ New Accessory Dwelling Unit (ADU)		
□ Existing Single Family Residence, Accessory Dwellin	g Unit needing a permit	
□ Other:		
Note: Mitigation fees apply to each new dwelling (i.e., new house and ADU result in two mitigation fees)		
Domestic Water Source: Single Private Wel	□ Shared Private Well	
Surface Water Diversion (Lake Chelan only):		
parcel number diversion is located		
Outdoor Irrigation Water Source:		
Do you have access to an irrigation water supply for outdoor use that is separate from your domestic source?		
□ No		
□ Yes: Applicant-owned irrigation water right (<i>provide a copy of irrigation water right</i>).		
□ Yes: Irrigation Shares with a district/company. Irrigation District/Company Name:		
Submit complete water mitigation application with fees t	0:	

Chelan County Community Development Attn: Water Mitigation Application 316 Washington St., Suite 301 Wenatchee, WA 98801

STATEMENTS OF UNDERSTANDING	
	Mitigation is for use on the above-mentioned parcel only and is not transferable for use at other locations or for any other uses.
Applicant Initials	Mitigation for domestic use applies to water for drinking, bathing, sanitary purposes, cooking, and laundering, as well as outdoor irrigation and stock water. It also includes incidental uses such as washing windows, car washing, cleaning exterior structures, care of household pets, etc.
	I understand that Chelan County makes no representations as to the quality of water delivered to me under a mitigation certificate. I further understand that I am alone responsible for ensuring the suitability of water delivered under this mitigation certificate for my intended uses.
	I understand that if I am later required to connect to a municipal water source, the mitigation certificate associated with the parcel will be returned to the Chelan County Water Bank and will be documented on the property title. The portion of the fee that covers the cost of water will be refunded minus a processing fee and all other fees will be forfeited.
	I agree not to plant any trees or shrubs over my septic drain field.
	I understand that should I not comply with the statements above and all requirements in Chelan County Code Title 13.30, enforcement action may be taken through Chelan County Code Title 13.30.
Initials	I have read and understand the statements listed above.
Property Owner Signa	ture:Date:

NOTARIZED STATEMENT

(the undersigned applicant) under penalty of perjury in the State of Washington agree to comply with all sections of this document, federal, state, and local provisions, codes, and ordinances in regards to water use. These covenants and agreements shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof and it shall pass to and be for the benefit of each owner thereof. I certify that the information provided is true and accurate and I understand that if the project description should change that it is my responsibility to inform Chelan County Natural Resources Department (CCNRD) and that the department may require different and/or additional requirements. As the applicant, I assume all risk relating to delivery of water under a mitigation certificate, agree to release Chelan County of any and all claims relating to the use of water delivered under the mitigation certificate and agree to indemnify defend and hold Chelan County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting there from which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees. As the applicant, I understand that I am legally and financially responsible for ensuring there is a legal right to the water to be used, and that all water supply systems are engineered, designed, tested and constructed in accordance with federal, state and local requirements. I agree not to plant any trees or shrubs over my septic drain field. I understand that all applicable fees may be non-refundable and that CCNRD may have additional requirements to ensure that sufficient and adequate water supply is available for use and I shall comply with all requests made by CCNRD. Should I as the property owner choose to use and appoint an authorized agent to represent my interest. I may do so, by having myself and the authorized agent sign this notarized statement.

Signed:Proper	/ Owner(s)
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Print Name:

State of _____

County of

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this ______day of ______, 20__, personally appeared before me,

___ who is personally known to me

___ whose identity I proved on the basis of _____

____whose identity I proved on the oath/affirmation of ______, a credible witness to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledge that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal here to affixed

Notary Public in and for the State of Washington

Residing in: _____

My Commission Expires: _____