

**PIERCE COUNTY  
DEPARTMENT OF PUBLIC WORKS AND UTILITIES  
SEWER & WATER UTILITY DIVISION**

Application # _____
Staff Initials _____
Date _____
Customer # _____
FOR COUNTY USE ONLY

**TIME AND MATERIALS ACCOUNT INFORMATION FORM**

Please note that all applications that require the payment of a non-refundable deposit for plan review fees must be accompanied by this form. **This form must be completed and signed by the owner(s) of record of the water system(s)**, and the **original** signed form submitted with the payment of the appropriate non-refundable deposit. If the County's time and materials costs exceed the amount of the non-refundable deposit paid by the owner/applicant, the County will bill the undersigned on a monthly basis in accordance with Pierce County Code, Chapter 7.20.

**A. WATER SYSTEM INFORMATION**

Water System Name(s) \_\_\_\_\_

DOH ID Number \_\_\_\_\_

**B. REQUEST FOR OVERTIME REVIEW**

Would you like this project to be reviewed on overtime? Please check one:    YES     NO

Please note that requests for overtime reviews of projects typically expedite the plan review process, but do not ensure it. Overtime reviews are billed at higher rates, which are typically one and a half times the normal hourly rate. Overtime work is not mandatory for employees.

**C. ACKNOWLEDGEMENT OF RESPONSIBILITY**

I(we) hereby certify that **I(we) am(are) the owner(s) or other authorized representative of the aforementioned water system, who shall be responsible for payment** of all time and materials costs incurred by the County for services provided relative to the project listed in Section A above in accordance with the Pierce County Code, Chapter 7.20 as amended from time to time; **and I(we) acknowledge that failure to make payment within 30 days following the billing by the County will result in the County withholding approval until such time the full balance due is paid.**

Signature \_\_\_\_\_  
INDIVIDUAL OR AUTHORIZED REPRESENTATIVE DATE

Name of Signatory Above (Printed) \_\_\_\_\_

Company/Entity \_\_\_\_\_

Title \_\_\_\_\_

**D. WATER SYSTEM BILLING INFORMATION**

Billing Address \_\_\_\_\_  
STREET CITY STATE ZIP

Street Address \_\_\_\_\_  
(IF DIFFERENT THAN OWNER'S BILLING ADDRESS)    STREET    CITY    STATE    ZIP

Billing Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Billing Contact Phone # ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_