



**WASHINGTON COUNTY**

Dept. of Land Use & Transportation  
Planning and Development Services  
Current Planning  
155 N. 1<sup>st</sup> Avenue, #350-13  
Hillsboro, OR 97124  
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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.

PRE-APPLICATION DATE: \_\_\_\_\_

**Service Provider: PLEASE RETURN THIS FORM TO: APPLICANT:**  
COMPANY: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**OWNER(S):**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
Property Desc.: Tax Map(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

Site Size: \_\_\_\_\_

Site Address: \_\_\_\_\_  
Nearest Cross Street (or directions to site): \_\_\_\_\_

**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" minimum).**

PROPOSED PROJECT NAME: \_\_\_\_\_

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

EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

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

\_\_\_\_\_  
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