

Plan Review Request Application

Please Type or Print Clearly

Property Owner	Street Address	City	Zip Code	Day Phone
Contact Information (If different from property owner)	Street Address	City	Zip Code	Day Phone
Applicant (If different from property owner or contact person)	Street Address	City	Zip Code	Day Phone

Name of Project	Street Address	City	Zip Code	Assessor's Parcel Number (APN)
☐ Residential ☐ Non Residential				

Please provide a brief description of the project and work to be conducted

Required Supplemental	☐ Site Plan ☐ Building Permit Application NO. _____ ☐ Project Description (must be completed on space provided) ☐ Floor Plan (if applicable) ☐ Additional Items Requested: _____ _____ _____	Required Supplemental
	☐ Residential # of Bedrooms _____ ☐ Non Residential # of Employees _____ ☐ Septic Tank Size _____ Gallons ☐ Type of Water Supply ☐ Well ☐ Canal	

☐ I, THE APPLICANT/REPRESENTATIVE ☐ I, THE PROPERTY OWNER/AUTHORIZED AGENT	HEREBY CONSENT THAT I HAVE REVIEWED THIS APPLICATION AND THE ATTACHED MATERIAL AND THAT THE PROVIDED INFORMATION IS ACCURATE	
Print Name	Signature	Date
_____	_____	_____

FOR OFFICE USE ONLY		
Date Received: _____	Received By: _____	Amount/Check #: _____
☐ <u>Rejected</u> based on the reasons noted on the attached notice	Potable Water Test Results Approval Date _____	
☐ <u>Approved</u> (May be approved subject to the conditions noted on attached notice)		
Septic Permit #: _____	District #: _____	
Reviewed By: _____	Date: _____	
Notes		