

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)
<input type="checkbox"/> Residential <input type="checkbox"/> Non Residential				

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

Required Supplemental	<input type="checkbox"/> Site Plan <input type="checkbox"/> Building Permit Application NO. _____ <input type="checkbox"/> Existing Septic System Evaluation & Certification (if applicable) <input type="checkbox"/> Floor Plan (if applicable) <input type="checkbox"/> Additional Items Requested: _____ _____ _____	Required Supplemental
	<input type="checkbox"/> Residential # of Bedrooms _____ <input type="checkbox"/> Non Residential # of Employees _____ <input type="checkbox"/> Septic Tank Size _____ Gallons <input type="checkbox"/> Type of Water Supply <input type="checkbox"/> Well <input type="checkbox"/> 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 #: _____
<input type="checkbox"/> <u>Rejected</u> based on the reasons noted on the attached notice	Potable Water Test Results Approval Date _____	
<input type="checkbox"/> <u>Approved</u> (May be approved subject to the conditions noted on attached notice)		
Septic Permit #: _____	District #: _____	
Reviewed By: _____	Date: _____	

Notes	_____ _____
--------------	----------------