

Plan Review Application

Water System Classification: ☐ Public ☐ State Small ☐ Other

The applicant must be aware that the submittal of a plan review application at the Environmental Health Division does not negate or take the place of any required permit application with the Building Official having jurisdiction. The applicant must obtain 1.) Division approval and 2.) any required permit of the Building Official before beginning work on the proposed construction or remodeling. Please note that the Division will provide a copy of this plan review application to the Building Official for notification purposes.

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT AND WORK TO BE CONDUCTED

APPROXIMATE COST OF THE PROJECT:

\$ _____

PROJECT IDENTIFICATION

NAME OF PROJECT, BUSINESS, OR FACILITY:

STREET ADDRESS OR PHYSICAL LOCATION:

TELEPHONE NUMBER (If such number exists):

PLAN CONTACT INFORMATION

Please provide information regarding who should be contacted regarding plan approval, disapproval, or any needed clarifications or corrections.

NAME: _____

MAILING: _____
Street # & Name or PO Box # City State ZIP

OTHER: _____
Telephone Cell Phone E-mail

PLAN REVIEW BILLING INFORMATION

Please note that water system plan reviews are charged on a time and materials basis for actual costs incurred by the Department. In most cases, a deposit is required to be paid at the time of plan submittal from which costs are paid to the Department. If the amount of the deposit proves inadequate to cover department costs, the individual indicated below would be billed the remaining balance after completion of the plan review. Any remaining deposit balance after completion of plan review will be credited or refunded. For very small projects, a deposit might not be required and the cost would be charged to the person indicated below after the review is completed.

CONTACT NAME FOR BILLING: _____

MAILING: _____
Street # & Name or PO Box # City State ZIP

OTHER: _____
Telephone Cell Phone E-mail

BUSINESS OWNER INFORMATION

NAME: _____

MAILING: _____
 Street # & Name or PO Box # City State ZIP

OTHER: _____
 Telephone Cell Phone E-mail

SIGNATURE OF PLAN REVIEW APPLICANT

PRINT NAME: _____

RELATIONSHIP TO THIS PROJECT:

☐ Owner ☐ Contractor ☐ Architect ☐ Other: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Computer No.

District No.

Imperial County Public Health Department, Environmental Health Division
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