



COUNTY OF IMPERIAL

PUBLIC HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH
797 Main Street, Suite B, El Centro, CA 92243
Tel. (760) 336-8530 · FAX (760) 352-1309

OFFICE USE ONLY	
DATE RECEIVED:	
RECEIVED BY:	
AMOUNT/CHECK #:	

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"/> PROJECT DESCRIPTION (must be completed on space provided) <input type="checkbox"/> FLOOR PLAN (if applicable) <input type="checkbox"/> ADDITIONAL ITEMS REQUESTED: _____ _____	SITE INFORMATION
		<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
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FOR OFFICE USE ONLY	
<input type="checkbox"/> REJECTED BASED ON THE REASONS NOTED ON THE ATTACHED NOTICE	
<input type="checkbox"/> APPROVED (MAY BE APPROVED SUBJECT TO THE CONDITIONS NOTED ON ATTACHED NOTICE)	POTABLE WATER TEST RESULTS APPROVAL DATE
SEPTIC PERMIT #	DISTRICT #
REVIEWED BY	DATE
NOTES	