PUBLIC WORKS/ENGINEERING DEPARTMENT
CITY OF WILDOMAR

PLAN CHECK APPLICATION

_____
PROJECT NUMBER

PROJECT INFORMATION			
Application Type: *(check all that apply)*	☐ Mass/Rough Grading	☐ Precise Grading	☐ Improvement Plans
	☐ Final Map/ECS	☐ Legal Document – List Type(s):	
	☐ Fault Trench	☐ Other:	

Planning App. No:	Development No.:_____ *(TR, PM, PUP, CUP, PP, None)*	Development Name:
Phase No.:	Lot No's.:	

Total Disturbed Acres:	Cut (CY):	Fill (CY):	Net (CY):	WDID:

PROJECT LOCATION		
Address:	APN(s):	ZIP:
Cross Street 1:	Cross Street 2:	

APPLICANT INFORMATION			
Applicant Name:			
Address:	City:	State:	ZIP:
Phone:	Contact Person (Last/First):		
Fax:	Email:		
Signature:	Date:		

OWNER INFORMATION			
Owner Entity/Company Name:			
Address:	City:	State:	ZIP:
Phone:	Contact Person (Last/First):		
Fax:	Email:		
Owner's Signature:	Date:		

By signing above, I authorize the applicant above to process this plan check application on my behalf.

PAYEE (BILLING) INFORMATION			
Payee Name:			
Address:	City:	State:	ZIP:
Phone:	Contact Person (Last/First):		
Fax:	Email:		
Signature:	Date:		

By signing above, I agree that costs incurred by the City of Wildomar Department for processing, plan check, and inspection will be billed to payee.

ENGINEER INFORMATION			
Engineering Firm Name:			
Contact Person (Last/First):			
Address:	City:	State:	ZIP:
Phone:	Fax:		
Email:	City Business Registration No.:		
Engineer of Record Name:	License Number:		

We have prepared our plans and submittal in conformance with the "Improvement Plan Check Policies and Guidelines" dated _____ and have included all items per the City's Plan Check Submittal Checklist.

Signature:	Date:

By signing above, I state that I am the engineer-of-record for this proposed project and that the above statement is true.

PLAN CHECK APPLICATION

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SOILS ENGINEER INFORMATION				
Engineering Firm Name:				
Contact Person (Last/First):				
Address:	City:		State:	ZIP:
Phone:		Fax:		
Email:		City Business Registration No.:		
Engineer of Record Name:		License Number:		

TRAFFIC ENGINEER INFORMATION				
Engineering Firm Name:				
Contact Person (Last/First):				
Address:	City:		State:	ZIP:
Phone:		Fax:		
Email:		City Business Registration No.:		
Engineer of Record Name:		License Number:		

GEOLOGIST INFORMATION				
Geologist Firm Name:				
Contact Person (Last/First):				
Address:	City:		State:	ZIP:
Phone:		Fax:		
Email:		City Business Registration No.:		
Geologist of Record Name:		License Number:		

SURVEYOR INFORMATION				
Surveyor Firm Name:				
Contact Person (Last/First):				
Address:	City:		State:	ZIP:
Phone:		Fax:		
Email:		City Business Registration No.:		
Surveyor of Record Name:		License Number:		

OTHER DESIGN PROFFESSIONAL INFORMATION				
Firm Name:				
Contact Person (Last/First):				
Address:	City:		State:	ZIP:
Phone:		Fax:		
Email:		City Business Registration No.:		
Design Professional of Record Name:		License Type and Number:		