



## SITE & SOIL/BUILDING PLAN REVIEW APPLICATION

**Mark Check-off Boxes as Applicable for Type of Work**

**Type of Work**

- Site Evaluation (30)
- Soil Profile Evaluation (33)
- Percolation Test w/ contractor (38)
- Bldg Plan Review (Additions/Remodels (40)
- General Bldg Plan Check (41)

**Type of Building**

- Single-Family Dwelling
- Multiple-Family Dwelling
- Commercial
- Industrial
- Other \_\_\_\_\_

**Projected Sewage Flow**

- No. of Bedrooms \_\_\_\_\_
- No. of Employees \_\_\_\_\_
- No. of Seats \_\_\_\_\_
- Other \_\_\_\_\_

**Water Supply**

- Off-site Public Water
- On-site Public Water
- Name of Supplier \_\_\_\_\_
- Private Well
- Number of Wells \_\_\_\_\_

**FOUR SETS OF PLANS REQUIRED FOR PLAN REVIEW FOR ALL OTHER PROCESSING.**

**PLEASE PRINT CLEARLY. \*REQUIRED FIELDS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE REJECTED**

*Legal Owner's Name			
*Legal Owner Address			
*City/ State/ Zip	Country	*Owner Telephone	
*Owner Billing Address (if different from above)			
*Site Address (if different from Owner)			*Assessor's Parcel #
*Contractor Company Name:			Lot/Parcel #
*Contractor or Agent Contact Name:		E-Mail:	
*Contractor or Agent Address/ City/ State/ Zip Code:			*Contact Person's Telephone

I hereby certify that the above information and submitted plans are true and correct and that the proposed work will comply with all applicable laws and regulations. I agree to obtain all required inspections and obtain written authorization prior to deviating from the approved plans. **(NOTE: percolation tests are good for three (3) years).**

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

**Site Evaluation (PE 4230)**

PR#	Amount Paid: \$ _____	Receipt #:	Check #:	CASH / Credit Card: MC ___ VISA ___
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**Soil Profile (PE 4233)**

PR#	Amount Paid: \$ _____	Receipt #:	Check #:	CASH / Credit Card: MC ___ VISA ___
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**Percolation Test (PE 4238)**

PR#	Amount Paid: \$ _____	Receipt #:	Check #:	CASH / Credit Card: MC ___ VISA ___
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**Plan Check (PE 4240 or 4241)**

PR#	Amount Paid: \$ _____	Receipt #:	Check #:	CASH / Credit Card: MC ___ VISA ___
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Facility ID#	DATE:	Census Tract:	REHS:	Supervisor:
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Revised 2.24.17

Y:FORMS-INFORMATION/Land Use/Applications/Site & Soil Building Plan Application