

PAYMENT APPLICATION: PLAN CHECK FOR WATER & SEWER



Please print legibly in ink.

CONTACT INFORMATION

DATE _____

APPLICANT _____

SELECT ONE Corporation Individual Partnership Other

If Other: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

EMAIL _____

PROJECT NAME _____ **LOCATION** _____

JOB NO. _____ TRACT/PROJECT NO. _____

ENGINEER _____ RCE NO. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

FEE SCHEDULE

A non-refundable minimum charge in the amount of **10%** of the Engineer's estimated cost for the project.

DESCRIPTION	FEE
<input type="checkbox"/> Plan check of the Water System Design Drawings	
Project Engineer's estimated cost of the project: _____ x 'Fee' = _____	\$ _____
TOTAL CHARGE	\$ _____
 <input type="checkbox"/> Plan check of the Sewer System Design Drawings	
Project Engineer's estimated cost of the project: _____ x 'Fee' = _____	\$ _____
TOTAL CHARGE	\$ _____

NOTE: This work will be accomplished on a time and effort basis. Should the District require more funds than the original charge, the additional costs will be billed and must be paid prior to allowing sewer service to the project.

ACCOUNT NO: _____ JOB NO: _____ TASK: _____

DISTRICT USE ONLY

Application Accepted by: _____ Date _____