



# PERMIT/PLAN CHECK APPLICATION

45500 Van Buren Street Indio, California 92201

Phone: (760) 238-5400

Email: info@valley-sanitary.org

Date: \_\_\_\_\_ Plan Check No: \_\_\_\_\_ Plan Check Deposit: \$ \_\_\_\_\_

**For District Use Only**

## PROPERTY IDENTIFICATION

Address: \_\_\_\_\_  
*Street Address* *Apartment / Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *Zip Code*

APN: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACTOR INFORMATION

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICANT / CONTACT INFORMATION

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## METHOD OF PAYMENT

Payee Name (Or as it appears on check): \_\_\_\_\_

Cash  Check No: \_\_\_\_\_

## PROJECT DESCRIPTION

Type:  Commercial  Residential  Public Sewer  Other: \_\_\_\_\_

\*For public sewer projects, sewer plan checklist also required.

Class of Work:  New  Addition  TI  Demo / Disconnect

Use of Building: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

## Minimum Plan Submittal Requirements:

### Cover Sheet

- Project Name
- Project Address
- Project Assessor's Parcel Number (APN)
- Vicinity Map
- Designer Contact Information

### Plumbing Plans

- 2% Minimum Slope on All Lines
- Provide Point of Connections
- Provide Invert Elevation at Furthest Drainage Fixture
- Provide Invert Elevation at Point of Connection
- Provide Length from Furthest Drainage Fixture to POC
- Provide Drainage Unit Fixture Schedule per UPC
- Provide Applicable VSD Details

**For all new construction, please provide a complete set of architectural and/or civil plans if applicable. Consult with the Development Services Department for documentation required for plan review and/or permitting.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner  Contractor  Agent  Other: \_\_\_\_\_