



RECYCLED PLAN CHECK REQUEST APPLICATION

OWNER INFORMATION

Name:		Contact Name:
Company Name:		
Current Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Cellular:

ADDITIONAL SERVICES BILL TO: (circle one) OWNER APPLICANT

NOTE: ALL REFUNDS SHALL BE SENT TO THE PROPERTY OWNER

ENGINEER INFORMATION

Name:		Field Contact Name:
Company Name:		
Current Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Cellular:

PROJECT INFORMATION

Project Name:		
Project Address:		
City:	State:	ZIP Code:
APN #:		
Station #:		

SUBMITTAL PACKAGE SHALL INCLUDE:

- 1 (ONE) CD (in Tiff or PDF)
- 2 (TWO) 24 x 36 Drawings
- 1 (ONE) \$3000 deposit made payable to Otay Water District & Plan Check Application
- 1 (ONE) \$426 fee made payable to County of San Diego & [DEH Plan Check Application](#)

ADDITIONAL DEPOSITS:

- Inspection deposit shall be determined during the second plan review
- Title 22 Engineering Report fee shall be determined during plan review (or may be requested by the County of San Diego Department of Environmental Health)

"FOR DISTRICT USE ONLY"

PROJECT NUMBER:		
CHECK ISSUED BY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PERMIT NUMBER:		
ADDITIONAL:	PRESSURE ZONE:	I.D.:

Signature of Applicant:	Date:
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