



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: _____