



PUBLIC WORKS/ENGINEERING DEPARTMENT  
CITY OF WILDOMAR

**PLAN CHECK APPLICATION**

PROJECT NUMBER \_\_\_\_\_

PROJECT INFORMATION				
Application Type: <i>(check all that apply)</i>	<input type="checkbox"/> Mass/Rough Grading	<input type="checkbox"/> Precise Grading	<input type="checkbox"/> Improvement Plans	
	<input type="checkbox"/> Final Map/ECS	<input type="checkbox"/> Legal Document – List Type(s):		
	<input type="checkbox"/> Fault Trench	<input type="checkbox"/> Other:		
Planning App. No:	Development No.: _____ <i>(TR, PM, PUP, CUP, PP, None)</i>		Development Name:	
Phase No.:		Lot No's.:		
Total Disturbed Acres:	Cut (CY):	Fill (CY):	Net (CY):	WDID:
PROJECT LOCATION				
Address:		APN(s):	ZIP:	
Cross Street 1:		Cross Street 2:		
APPLICANT INFORMATION				
Applicant Name:				
Address:		City:	State:	ZIP:
Phone:		Contact Person (Last/First):		
Fax:		Email:		
Signature:			Date:	
OWNER INFORMATION				
Owner Entity/Company Name:				
Address:		City:	State:	ZIP:
Phone:		Contact Person (Last/First):		
Fax:		Email:		
Owner's Signature:			Date:	
<i>By signing above, I authorize the applicant above to process this plan check application on my behalf.</i>				
PAYEE (BILLING) INFORMATION				
Payee Name:				
Address:		City:	State:	ZIP:
Phone:		Contact Person (Last/First):		
Fax:		Email:		
Signature:			Date:	
<i>By signing above, I agree that costs incurred by the City of Wildomar Department for processing, plan check, and inspection will be billed to payee.</i>				
ENGINEER INFORMATION				
Engineering Firm Name:				
Contact Person (Last/First):				
Address:		City:	State:	ZIP:
Phone:		Fax:		
Email:		City Business Registration No.:		
Engineer of Record Name:		License Number:		
We have prepared our plans and submittal in conformance with the "Improvement Plan Check Policies and Guidelines" dated _____ and have included all items per the City's Plan Check Submittal Checklist.				
Signature:			Date:	
<i>By signing above, I state that I am the engineer-of-record for this proposed project and that the above statement is true.</i>				



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PROJECT NUMBER \_\_\_\_\_

SOILS ENGINEER INFORMATION			
Engineering Firm Name:			
Contact Person (Last/First):			
Address:	City:	State:	ZIP:
Phone:	Fax:		
Email:	City Business Registration No.:		
Engineer of Record Name:	License Number:		
TRAFFIC ENGINEER INFORMATION			
Engineering Firm Name:			
Contact Person (Last/First):			
Address:	City:	State:	ZIP:
Phone:	Fax:		
Email:	City Business Registration No.:		
Engineer of Record Name:	License Number:		
GEOLOGIST INFORMATION			
Geologist Firm Name:			
Contact Person (Last/First):			
Address:	City:	State:	ZIP:
Phone:	Fax:		
Email:	City Business Registration No.:		
Geologist of Record Name:	License Number:		
SURVEYOR INFORMATION			
Surveyor Firm Name:			
Contact Person (Last/First):			
Address:	City:	State:	ZIP:
Phone:	Fax:		
Email:	City Business Registration No.:		
Surveyor of Record Name:	License Number:		
OTHER DESIGN PROFESSIONAL INFORMATION			
Firm Name:			
Contact Person (Last/First):			
Address:	City:	State:	ZIP:
Phone:	Fax:		
Email:	City Business Registration No.:		
Design Professional of Record Name:	License Type and Number:		