

Development Services Department

Project Application Checklist First Plan Check Submittals

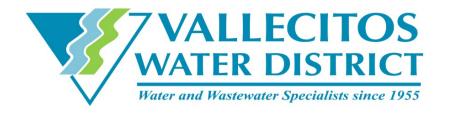
Project Name:	
Date:	

A complete submittal must include the following items. **Incomplete submittals will not be accepted and will not be processed by VWD.** If the applicant determines an item is not applicable, it shall be marked accordingly with an explanation. Please contact the Development Services Department at 760-744-0460 or VWDEngineering@vwd.org for questions.

Not Applicable (Provide Explanation)	Included	Item Description	Explanation	
		Transmittal		
		Project Application Form		
		Project Application Checklist		
		Plan Check Deposit*		
		Improvement Plans	\$1,000 plus \$150 per sheet	
		Rough Grading Plans	\$500	
		Improvement Plans	2 sets	
		Rough Grading Plans	2 sets	
		Precise Grading Plans	2 sets	
		Landscape/Irrigation Plans	2 sets	
		Meter Demand Forms **	1 per meter	
		Tentative Map	1 set	
		Preliminary Title Report	1 copy	
		Reference Plans or Documents	1 copy	
		Fire Flow Requirements	Fire Dept form or email	
		Engineer's Estimate	2 copies	
		Easement Plat & Legal Description	2 copies	
		Quitclaim Plat & Legal Description	2 copies	

^{*} Plan check deposit is an estimate of review costs. Actual costs will be dependent on actual review time. Additional funds

^{**} Meter Demand Form not required for single-family residence.



WATER AND SEWER CONNECTION PROJECT INFORMATION WORKSHEET

OWNER AND	PROJEC	T INFORMA	TION	
(Applicant/Owner/Developer/Company)				(Date)
(Contact Name)				(Phone)
(Contact Name)				(Filone)
(Address)				(Cell)
(City)	(State)	(Zip)		(FAX)
(email address)				
(email address)				
(5) 11 2 11 2 11 2 1 1 1 1 1 1 1 1 1 1 1 1				
(Financially Responsible - Company)*				
(Contact Name)				(Phone)
(Address)				(Cell)
				, ,
(Ci+v)	(Ctata)	(7in)		/EAV\
(City)	(State)	(Zip)		(FAX)
(email address)				
(Depositor's Signature)				(Date)
*All refunds will be returned to the Financial Respon	sible party	on record with	the District. If	Lack to be the information needs to be
updated or changed a new form will need to be fi				
(Project Name)				
(Service Address)				
(City)	(State)	(Zip)		(Total Acreage)
		<u> </u>		
(APNs)				
(Arins)				
(Parcel Map, Tract Map)				
(Project Location)				

(Number of Dwelling Units)	(Lots)	(Propose	ed Land Use)	(Current Land Use Designation)			
(Project Type - Single Family Residence,	Subdivisio	n Mivad-I	Isa Commerc	ial Industrial	TL etc \		
(Froject Type - Single Family Residence,	, Subulvisio	ni, iviixeu-c	Jse, commerc	iai, iiiuustiiai,	11, etc.)		
(Project Description)							
METER INFORMATION	YES	NO	Landscape	Domestic	Agricultural	Other	
New Water Connection Requested? **	1 1 1 2	110	Lanascape	Domestic	Agriculturul	Other	
MUST PROVIDE SITE PLANS FOR REVIEW.							
Estimated Average Monthly Water Demand	for			METER	Gallons Per	Gallons Per Day	
<u>Domestic (in gallons):</u> Estimated Average Monthly Water Demand	for			3/4"	Minute (GPM) 35 GPM	(GPD) 500 GPD	
Landscape/Irrigation (in gallons):	101			3/4	Peak Flow	Max Day	
Estimated Peak Water Demand (in gallons p	er minute):			1"	55 GPM	1250 GPD	
Landsona /Irrigation Agragas				4.4/211	Peak Flow 120 GPM	Max Day 3000 GPD	
Landscape/Irrigation Acreage:				1 1/2"	Peak Flow	Max Day	
Requested Meter Size:				2"	190 GPM	4000 GPD	
					Peak Flow	Max Day	
** METER INFORMATION MUST BE PROV			-	Station:			
WASTEWATER INFORMATION	YES	NO NO	Residential	Commercial	Mixed Use	Mobile Home	
New Sewer Connection Requested? MUST							
PROVIDE SITE PLANS FOR REVIEW.							
FATS, OILS & GREASE (FOG)	YES***	NO		Brief De	scription		
Is there food prepared at the facility?							
Are there three compartment sink(s)							
installed at the facility? Are there floor drains installed in any area							
other than the restroom?							
Is there an existing grease interceptor or							
trap at the facility? If so what size? Is there onsite pre-treatment proposed for							
the facility?							
Will the Lead Agency be requiring the							
installation of a grease interceptor/trap?							
Are there solvents or hazardous materials used or stored at the facility?							
asca or storea at the racinty:							
*** If any of the following waste discharg	e or FOG co	nditions ap	ply, the applica	nt will be requi	red to contact	the Vallecitos	
Water Dis	trict Source	Control De	partment - (760	0) 752-7161			
WATER DISTRICT USE ONLY	RECO	MMENDED	METER SIZE PEI	R DISTRICT			
Existing Water Capacity	ED	ıU's		Existing Met	er(s) On-Site		
					• •		
Eviatina Carray Canadity		1115	Times	/ al a .aa a a t i a . ii		:-!\	
Existing Sewer Capacity	l ED	U's	Туре	(domestic, irri	gation, comm	ercial)	
Additional Capacity Needed	WATER	SEWER	Main	Line on Front	tage (water, s	ewer)	
Water Annexation Needed	Sower	Annexatio	n Needed	Water/	Sewer Study R	equired	
water Affile Addion Needed	Jewel	AIIIEXALIU	II NEEUEU	3.0001/1		- 4 ~	
VWD Development Services Tech	Sig	nature (red	quired)		Da	ite	
VWD Source Control Specialist	Signa	ature (if ap	plicable)		Da	ite	
	, , , , , , , , , , , , , , , , , , ,	- (/				
CUSTOMER SERVICE REQUIRES AN ADDI	TIONAL SIG	N UP PROC	ESS FOR NEW S	ERVICE ACTIVA	TIONS 760-744	-0460 X 710	

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Estimated Average Monthly Water Demand for				3/4"	35 GPM	500 GPD
Landscape/Irrigation (in gallons):				-	Peak Flow	Max Day
Estimated Peak Water Demand (in gallons po	er minute):			1"	55 GPM	1250 GPD
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				-	Peak Flow	Max Day
Requested Meter Size:				2"	190 GPM	4000 GPD
					Peak Flow	Max Day
** METER INFORMATION MUST BE PROVIDED FOR EACH METER REQUESTED.			Station:			
FINAL QUANTITY OF METERS AND SIZES ARE DETERMINED BY THE DISTRICT.			Station.			

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** METER INFORMATION MUST BE PROVIDED FOR EACH METER REQUESTED.			Station:		-	
FINAL QUANTITY OF METERS AND SIZES ARE DETERMINED BY THE DISTRICT.			Station:			



FIRE FLOW REQUEST - COMPUTER HYDRAULIC ANALYSIS

OWN	ER AND	PROJEC	INFORM.	ATION	
(Applicant/Owner/Developer/Company)				(Date)
					6
(Contact Name)		7		1	(Phone)
(Address)				-	(Cell)
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(Circl)		(Chata)	/7:\		(EAV)
(City)	-	(State)	(Zip)		(FAX)
(email address)					
1					
(Financially Responsible - Company)*					1111
(Contact Name)					(Phone)
				1	
(Address)				-	(Cell)
(Marie Coo)				1	(cen)
(Cit.)		101-1-1	/7: . \	-	/5AV
(City)		(State)	(Zip)	1	(FAX)
		1111			1111
(email address)					
					1
(Depositor's Signature)					(Date)
*All refunds will be returned to the Financ	cial Respor	sible party	on record with	」 n the District. If	the information needs to be
updated or changed a new form will ne	ed to be f	illed out and	d a release or	documentation	will need to be provided
(Project Name)					
					1111
(Service Address)					
		<u> </u>			
(City)		(State)	(Zip)		(APNs)
1 1				1.1	
(Project Type - Single Family Residence,	Subdivisi	on, Mixed-	Use, Comme	rcial, Industria	ıl, TI, etc.)
		7			
(Project Description)		1.1			
Fire Department Requested Flow	GPM	Locat	ion Map	HVDI	RANT TO BE TESTED
The Department Requested Flow	GPIVI	i — — —			
			ATTACHED		CLED/HIGHLIGHTED ON MAP
(Please	attach Fir	e Departm	ent Form if a	available)	