RAINBOW
MUNICIPAL WATER DISTRICT

Plan Check Request

District Use Only: Project Work Order Numbers: _____ **Date Received:** _____

Company Name: _____ Date: _____

Contact Name: _____ Email: _____

Project Title: _____ Phone: _____

Project Description: _____

_____

Deposit: Per Sheet: _____ **Total Sheets:** _____ **Other Deposit:** _____

☐ Provide electronic copies of plans to **engineering@rainbowmwd.ca.gov**

Transmitted as Checked Below		
☐ For Approval	☐ For Signature	☐ As Requested
☐ For Review/Comment	☐ Your Files	☐ For Payment
Items Submitted		
☐ First Plan Check	☐ Second Plan Check	☐ Third Plan Check
First Plan Check Requirements		
☐ Water Plans	☐ Record Map	☐ Soils Report
☐ Sewer Plans	☐ Conditions of Approval	☐ Construction Estimate
☐ Grading Plans	☐ Irrigation Plans & Demand	☐ Flow Calcs with Ltr Regarding Required GPM
☐ Street Plans	☐ Easement Documents	☐ Study & Design Calcs for Water & Sewer
☐ Storm Drain Plans	☐ Other	

I agree to pay all appropriate plan check and project deposits associated with this project.

_____ _____

Print Name Signature