



ENGINEERING DEPARTMENT

PLAN CHECK SUBMITTAL APPLICATION

- SIGNAGE and STRIPING
- STREET LIGHT
- TRAFFIC CONTROL

Check One

130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530

P: 951.674-3124

www.lake-elsinore.org

Fill in the following information and submit with the required documents and fees to initiate Plan Check. Incomplete submittals will not be processed for plan check.

PROJECT IDENTIFIER: _____ PROJECT NAME: _____

(TR, PM, CUP, PA, etc)

ASSESSOR'S PARCEL NO(S): _____
PROJECT STREET ADDRESS OR CROSS STREETS: _____

OWNER / DEVELOPER: _____

STREET ADDRESS/ CITY/ ZIP: _____

TELEPHONE: _____ EMAIL: _____

PROJECT MANAGER: _____

If different from above

STREET ADDRESS/CITY/ZIP: _____

TELEPHONE: _____ EMAIL: _____

ENGINEER _____ COMPANY _____

STREET ADDRESS/CITY/ZIP: _____

TELEPHONE: _____ EMAIL: _____

PLANCHECK SUBMITTAL CHECKLIST

NEW - A digital copy (CD/DVD/Thumb Drive) of all submittal documents is required for in person submittals. Online submittal using the City's Customer Self Service Portal (CSSP) at www.lake-elsinore.org is encouraged to save you time and money.

QTY DESCRIPTION OF REQUIRED DOCUMENTS

1 This Form identifying all items being submitted.

2 Proposed Plans - Paper copies using CITY STANDARD TITLE BLOCK FORMAT, 24" x 36"

Governing Documents: Conditions of Approval, Development Agreement Lake Elsinore Street and Safety Lighting Standards & Guidelines Manual

PLAN CHECK FEES*

* Excessive Plan Checks Will Result in Additional Fees

\$200.00	+	<input type="text"/>	x	<input type="text"/>	450.00
Admn Charge		Enter # of Sheets Submitted		per sheet charge	

Other documents may be required prior to approval of revisions at the discretion of the plan checker.

Applicant agrees to pay the initial plan check fee in the amount as indicated by City Staff, at the time this submittal is made to the City. Applicant acknowledges that additional funds may be needed to complete the review should the plan check exceed 3 reviews.

I, the undersigned Applicant, do verify that all the items necessary for this plancheck listed above are attached.

Sign above

Date

Printed Name

Company

Distribution: Orig-File <https://>