



BUILDING PERMIT PROCESS FOR SINGLE-FAMILY DWELLINGS

The purpose of this guidance document is to help customers better understand the permit process by summarizing the basic steps. This document is intended as a guide only. Forms referenced in this document contain supplemental information and are available on the City and EVMWD website.

<p>The City approval process may be started online: http://www.lake-elsinore.org/city-services/online-services/citizen-self-service-portal or in-person at, City of Lake Elsinore, City Hall 130 South Main Street Lake Elsinore, CA 92530 Office Hours: 8:00 AM – 5:00 PM Mon. – Thurs. 8:00 AM – 4:00 PM Fri. Tel: (951) 674-3124</p>	<p>The EVMWD approval process may be started online: https://www.evmwd.com/about/departments/engineering/new-development/default.asp or in-person at, EVMWD 31315 Chaney Street Lake Elsinore, CA 92530 Office Hours: 7:30 AM – 5:30 PM Mon. -Thurs. 7:30 AM – 4:30 PM Fri. Tel: (951) 674-3146 x 6705</p>
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BUILDING PERMITS ARE REQUIRED BY LAW

Building permits are required by California law and the Lake Elsinore Municipal Code to ensure public health, safety and general welfare and to protect life and property. A permit is required to construct, enlarge, alter, convert (including change of occupancy, use, or character), repair, move, or demolish a structure. Permits are also required for grading, street improvements, plumbing, electrical, and mechanical work. Permits must be obtained prior to construction.

In accordance with the provisions of the California Business and Professions Code, the plans for all buildings and structures shall be prepared and each sheet shall be signed by a person licensed by the State of California as a civil engineer, structural engineer, or architect.

PERMIT, IMPACT & AGENCY FEES

Building plan check and permit fees are calculated based on the International Code Council (ICC) Building Valuation Table Data. Fees vary depending on the nature and scope of the project.

Engineering Department plan check and permit fees are based on the City Council approved Engineering Department Fee Schedule. Fees vary based on the type of submittals. Submittal types include, plan sets (grading, drainage, improvement), maps, right of way dedications, lot line adjustments, map corrections and parcel mergers

In addition to planning, building and engineering permit and plan check fees, most permits require other fees including development impact fees (traffic impact fees (TIF), park fees, fire facilities fees, etc.) and agency fees (school fees, sewer & water capacity fees, etc.) that must be collected prior to issuance. These impact and review fees can be a sizeable amount. An approximation of the fees is listed on **Attachment B**.

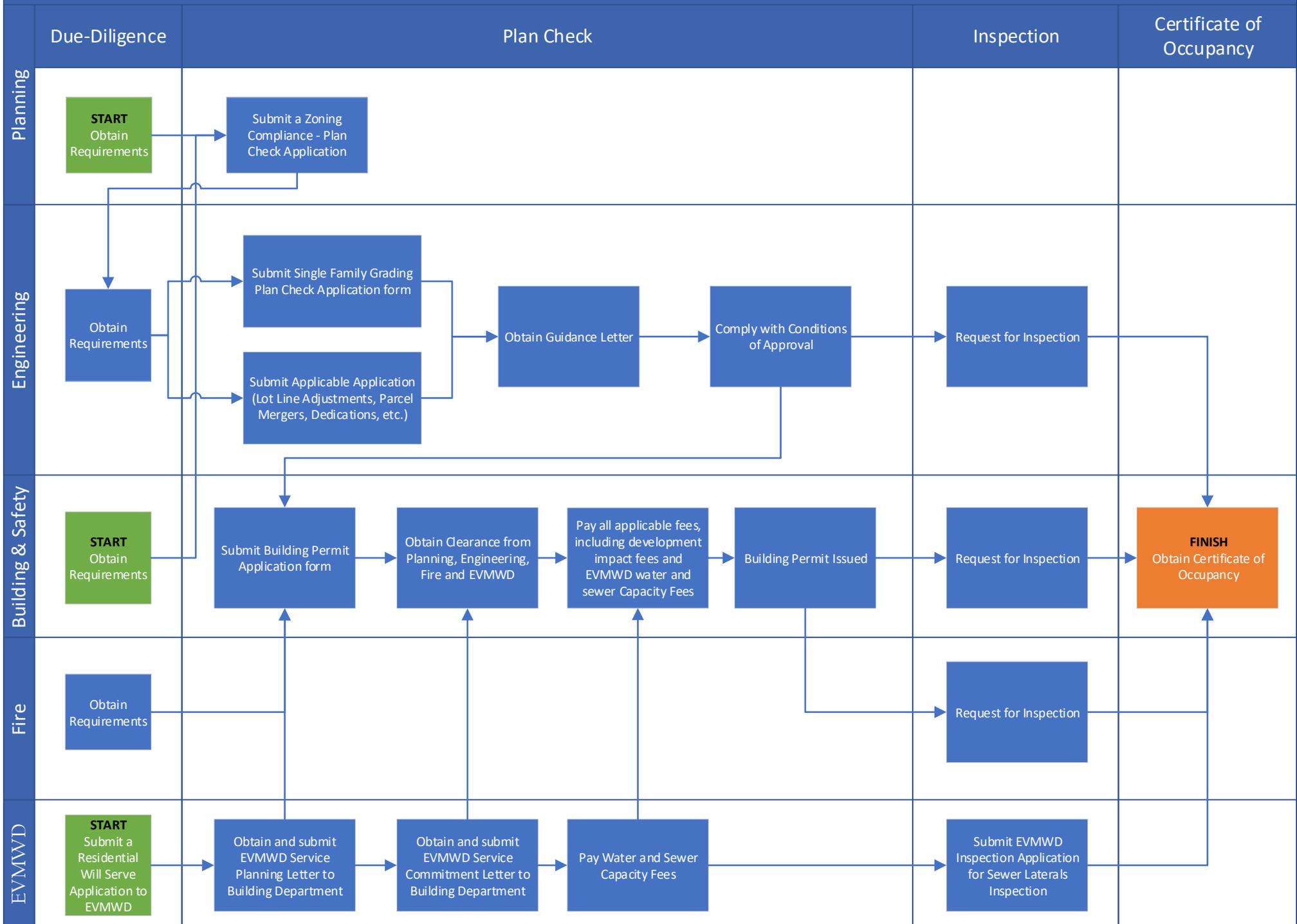
PROCESSING TIME

Plan Check Process	Two (2) weeks for the first submittal One (1) week for each resubmittal
Overall Processing Time	Six (6) months to one (1) year
<p>(1) Overall processing time between initial submittal and permit issuance is often prolonged due to multiple re-check cycles.</p> <p>(2) About half of projects submitted require more than two plan check cycles. The best way to save time in the process is by submitting quality plans, thoroughly addressing all plan check correction items, and by returning plans for re-check in a timely manner.</p> <p>(3) All applicable applications are attached on Attachment C.</p>	

BASIC PROCESS STEPS FOR SINGLE-FAMILY DWELLINGS

Due-Diligence	<p>Consult with Planning, Building & Safety, Fire, and Engineering Departments for requirements which may affect the proposed project.</p> <p>Submit a Residential Will Serve Application to EVMWD.</p> <p>Explore and estimate fee costs (See Attachment B for approximate Fees for Residential Construction).</p>
Plan Check	<p>Zoning Compliance:</p> <ul style="list-style-type: none"> • Prepare preliminary site plan, grading plan, elevations, floor plans, and landscape and wall and fence plans. • Submit a Zoning Compliance - Plan Check application to Planning
	<p>Grading Plans:</p> <ul style="list-style-type: none"> • Submit Grading/Drainage Plans, application forms, and any additional documents for Engineering Department plan check using the correct Application (Grading Plan Check, Lot Line Adjustments, Parcel Mergers, Dedications, etc.). • Complete a Single Family Grading Plan Check Application form.
	<p>Building Plans</p> <ul style="list-style-type: none"> • Complete a Building Permit Application and a Trades Permit Application forms • Prepare three (3) complete sets of building plans and two (2) sets of supporting documents (including structural calculations, truss drawings, energy (See Submittal Information and Requirements for Single Family Dwellings)). • Submit EVMWD Service Planning Letter.
Grading Plans	<p>Guidance Letter – Obtain a guidance letter upon grading or improvement plan check approval that lists the process, fees and providing the forms and invoice(s) required for permit issuance (Grading or Encroachment).</p> <p>Conditions of Approval – Comply with Engineering Department Conditions of approval when due in the process.</p> <p>Inspection – Schedule a preconstruction meeting with assigned Engineering Department Inspector.</p>
Building Plans	<p>Clearances:</p> <ul style="list-style-type: none"> • Obtain clearances Planning, Engineering, and Fire Departments. • Obtain other required clearances as specified by the conditions of approval. • Submit EVMWD Service Commitment Letter.
	<p>Fees:</p> <ul style="list-style-type: none"> • Pay all applicable fees, including development impact fees. • Pay EVMWD water and sewer capacity fees noted on the EVMWD Service Commitment Letter.
	<p>Permit:</p> <ul style="list-style-type: none"> • Receive building permit, and stamped approved set of plans and supporting documents, and a Job Card.
Building Inspections	<p>Commence construction and call for inspections. To request an inspection, call the Building Inspection Line at (951) 674-3124 Ext. 239.</p> <p>Submit EVMWD Inspection Application for Sewer Laterals (attached) to begin inspection of the sewer lateral installation.</p>
Certificate of Occupancy	<p>Complete and pass all required inspections (including final inspection) to obtain a Certificate of Occupancy.</p>

WORKFLOW FOR SINGLE-FAMILY DWELLINGS



ATTACHMENT A
DETAILED PROCESS STEPS FOR SINGLE FAMILY RESIDENCES

For most projects, the following steps must be completed before a Building Permit can be issued

<p>Step 1:</p> 	<p><u>Due-Diligence - Requirements:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Verify Zoning at the Planning Counter <input type="checkbox"/> Consult with Planning, Building & Safety, Fire, Engineering, and EVMWD for requirements which may affect the proposed project (i.e., flood, special area designations, water & sewer, septic, etc.). <input type="checkbox"/> Determine setback requirements (Planning, Fire, Engineering, etc.). <input type="checkbox"/> Submit a Residential Will Serve Application to EVMWD to obtain a Service Planning Letter (10 business days)
<p>Step 2:</p> 	<p><u>Due-Diligence – Fees:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> It is strongly encouraged that you explore and estimate fee costs prior to preparing plans (See Attachment A for approximate Fees for Residential Construction). <ul style="list-style-type: none"> ▪ Planning Related Fees ▪ Building Related Fees ▪ Engineering Related Fees ▪ Development Impact Fees ▪ MSHCP Fees ▪ EVMWD Water and Sewer Capacity Fees
<p>Step 3:</p> 	<p><u>Plan Check - Zoning Compliance:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare preliminary site plan, grading plan, elevations, floor plans, and landscape and wall and fence plans. <input type="checkbox"/> Submit a Zoning Compliance - Plan Check application to Planning <input type="checkbox"/> Obtain Planning approval before proceeding to Engineering and Building plan check and permit process <input type="checkbox"/> Obtain site Address from the Building (takes 10 business days to process)
<p>Step 4:</p> 	<p><u>Plan Check - Grading Plans:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare Grading/Drainage Plan (<i>signed and stamped by registered Civil Engineer</i>) <input type="checkbox"/> Complete a Single Family Grading Plan Check Application form <input type="checkbox"/> Grading Plan Contouring and Drainage path (<i>contours must extend minimum 50 feet around perimeter of parcel to indicate drainage pattern</i>). Include improvements to be constructed in the right of way (sidewalk, driveway, curb, etc.) on the Grading Plan <input type="checkbox"/> Right-of-way (<i>indicate on plan right of way dedication/off-set from centerline of street</i>)
<p>Step 5:</p> 	<p><u>Plan Check - Building Plans:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete a Building Permit Application form <input type="checkbox"/> Prepare three (3) complete sets of building plans and two (2) sets of supporting documents (including structural calculations, truss drawings, energy calculations, etc.) based upon code requirements, zoning regulations, and other provisions. (See Submittal Information and Requirements for Single Family Dwellings)
<p>Step 6:</p> 	<p><u>Plan Check – Submittals:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit Grading Plans, application forms, and any additional documents for Engineering Department plan check using the correct Application (Grading Plan Check, Lot Line Adjustments, Parcel Mergers, Dedications, etc.,) HERE <input type="checkbox"/> AFTER grading plans have been submitted to the Engineering Department, a submittal may be made to the Building Department <input type="checkbox"/> Submit Building Plans, EVMWD Service Planning Letter, and related permit applications HERE

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DETAILED PROCESS STEPS FOR SINGLE FAMILY RESIDENCES

For most projects, the following steps must be completed before a Building Permit can be issued

<p>Step 7:</p> 	<p><u>Plan Check – Fees:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Receive Engineering plan check fee invoice<input type="checkbox"/> Receive Building plan check fee invoice.<input type="checkbox"/> Pay plan check fees. Plan check will not begin until the balance is paid in full.
<p>Step 8:</p> 	<p><u>Grading Plans – Review and Resubmittal:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Grading, Drainage and Improvement Plans are reviewed for compliance with codes and ordinances and correction lists and redlines are generated by the Plan Checker.<input type="checkbox"/> Other Engineering Department plan check submittals (dedications, lot line adjustments, etc.) are reviewed for compliance with Federal, State and Local codes and ordinances by the plan checker.<input type="checkbox"/> Corrections are digitally sent within the review timeline to the project contact person on record, typically the engineer of record.<input type="checkbox"/> Resubmit corrected plans, requested documents, correction list(s) and response for recheck directly to the plan checker. Digital resubmittals are required.
<p>Step 9:</p> 	<p><u>Grading Plans - Conditions of Approval and Plan Expiration:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Engineering Department Conditions of approval shall be complied when due in the process, (ex. Dedication recorded prior to occupancy).<input type="checkbox"/> A plan check is valid for one calendar year from the date the plans are submitted. If the plan check expires, the plans must be resubmitted and a new plan check fee paid. If the plan check expires, the plans must be resubmitted and a new plan check fee paid.
<p>Step 10:</p> 	<p><u>Grading Plans - Guidance Letter:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Upon grading or improvement plan check approval, a guidance letter is issued listing the process, fees and providing the forms and invoice(s) required for permit issuance (Grading or Encroachment). Digital permit documents can be submitted online or in person.<input type="checkbox"/> Upon other document plan check approval (Parcel Merger, Lot Line Adjustment, etc.), responsible party shall be advised of next steps, (ex. provide signed original, record, etc.)
<p>Step 11:</p> 	<p><u>Grading Plans – Inspection</u></p> <ul style="list-style-type: none"><input type="checkbox"/> After all Permit documents are received and fees paid; the permit can be issued.<input type="checkbox"/> Preconstruction meeting must be scheduled with assigned Engineering Department Inspector.<input type="checkbox"/> Commence Construction.<input type="checkbox"/> Projects must be constructed as shown on the approved plans. Any changes to the project must be submitted to City staff, reviewed, and approved before commencing work. Inspections will be delayed until the plan change process is complete.
<p>Step 12:</p> 	<p><u>Building Plans – Review:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Building Plans are reviewed for compliance with codes and ordinances and correction lists are generated by the following Departments (as required):<ul style="list-style-type: none">▪ Building & Safety Department▪ Fire Marshal<input type="checkbox"/> The project contact person on record will be notified when the plans have been reviewed and are ready to be picked up.<input type="checkbox"/> Pick up plans and correction lists from the Building Division counter.

ATTACHMENT A

DETAILED PROCESS STEPS FOR SINGLE FAMILY RESIDENCES

For most projects, the following steps must be completed before a Building Permit can be issued

<p>Step 13:</p> 	<p><u>Building Plans – Resubmittal:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Correct all noted deficiencies on the plans per the correction list(s) and any redline marks identified on the plans. <input type="checkbox"/> Prepare a thorough response list to each correction list describing where and how all correction items were addressed on the plans. <input type="checkbox"/> Re-print corrected plans and retain original plan-checked sets. <input type="checkbox"/> Return corrected plans, old plans, correction list(s), and response list(s) for recheck.
<p>Step 14:</p> 	<p><u>Building Plans - Clearances:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain required clearances as specified by the conditions of approval. Several of these items should be addressed soon after plan submittal, including: <ul style="list-style-type: none"> ▪ EVMWD Service Commitment Letter – The letter may be requested by emailing Development@evmwd.net (10 business days) ▪ FEMA – CLOMR, LOMR, etc. ▪ SCE letter of non-interference, Regulatory Agencies, etc.
<p>Step 15:</p> 	<p><u>Building and EVMWD – Fees:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Permit invoice is issued. <input type="checkbox"/> Obtain clearances Planning, Engineering, and Fire Departments <input type="checkbox"/> Pay applicable fees, including development impact fees <input type="checkbox"/> Pay EVMWD water and sewer capacity fees noted on the EVMWD Service Commitment Letter
<p>Step 16:</p> 	<p><u>Building Plans – Permit:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Permit is issued. <input type="checkbox"/> Receive building permit, and stamped approved set of plans and supporting documents, and a Job Card. Each of these items must be kept at the building site and available to the inspector while the project is under construction. Copies of these items can also be downloaded from the Online Portal.
<p>Step 17:</p> 	<p><u>Building and EVWMD – Inspection:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Commence construction and call for inspections. To request an inspection, call the Building Inspection Line at (951) 674-3124 Ext. 239. In most cases, notice of at least one working day is required for inspections (before 5:00pm each day). We may not be able to provide next day inspections in some instances. <input type="checkbox"/> Submit EVMWD Inspection Application for Sewer Laterals (attached) to begin inspection of the sewer lateral installation.
<p>Step 18:</p> 	<p><u>Inspection Approval:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> City building inspector must approve each part of the subsequent construction. <input type="checkbox"/> Projects must be constructed as shown on the approved plans. Any changes to the project must be submitted to City staff, reviewed, and approved before commencing work. Inspections will be delayed until the plan change process is complete.
<p>Step 19:</p> 	<p><u>Certificate of Occupancy:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> All required inspections (including final inspection) must be passed to obtain a Certificate of Occupancy. <input type="checkbox"/> Permit card sign off is also required from Planning, Engineering, Fire, Finance, and EVMWD. <input type="checkbox"/> A Certificate of Occupancy will be issued once the permit card is signed-off and completed

**ATTACHMENT B
APPROXIMATE FEES FOR RESIDENTIAL CONSTRUCTION**

Applicants are required to pay the current fees posted in the [City](#) and [EVMWD](#) website. The fees noted in this attachment may change at any time.

PLANNING DIVISION	
Zoning Compliance Plan Check	\$119.89
MSHCP Local Development Mitigation Fee (density less than 8 du/ac)	\$2,234.00
TOTAL	\$2,354

(1) The fees are approximate for a single-family residence with garage.

EVMWD WATER AND SEWER FEES AND DEPOSITS	
Water Capacity Fee (3/4" Meter) ⁽¹⁾	\$17,214
Sewer Capacity Fee (SFR) ⁽¹⁾	\$7,886
Inspection Deposit (Sewer Lateral Only)	\$1,500
Total	\$26,600

(1) The fees are effective July 1, 2020 to June 30, 2021.

(2) Please note, other miscellaneous fees may apply, please contact EVMWD at 951-674-3146 x6705 for an official fee estimate.

ENGINEERING DEPARTMENT			
Description	(50x100) 5,000 s.f. Lot	(60x100) 6,000 s.f. Lot	(65x110) 7,200 s.f. Lot
Traffic Impact Fee	\$1,369	\$1,369	\$1,369
TUMF (effective 01/01/2021 - \$9,810.00)	\$9,478	\$9,478	\$9,478
Master Plan of Drainage	\$500	\$600	\$680
Grading Plan Check ⁽¹⁾	\$500	\$500	\$500
Grading Permit ⁽¹⁾	\$600	\$600	\$600
Right of Way Dedication	\$440	\$440	\$440
SUBTOTAL	\$15,241	\$15,341	\$15,421
1) If Constructing Improvements			
Street Improvement Plan Check ⁽¹⁾	\$650	\$750	\$800
Encroachment Permit ⁽¹⁾	\$750	\$900	\$950
TOTAL (IF CONSTRUCTING IMPROVEMENTS) ⁽¹⁾	\$16,641	\$16,991	\$17,171
2) If Paying In-Lieu Fees			
Linear Foot Fee	\$10,000	\$12,000	\$13,000
Driveway Approach	\$1,000	\$1,000	\$1,000
TOTAL (IF PAYING IN-LIEU FEES)	\$26,241	\$28,341	\$29,421

(1) Admin fee is included in the plan check and/or permit fee shown

(2) The In-Lieu Fee for public improvements is only applicable within certain areas of the City.

Each project will be conditioned to either construct public improvements or pay the in-lieu fee.

Actual In-Lieu Fees shall be based on the Developer Engineers' Cost Estimate and approved by the City Engineer.

BUILDING DIVISION/DEVELOPER FEES							
Description	Manuf. SFR in SFD ⁽¹⁾	1,000 s.f. w/ 400 s.f.	1,200 s.f. w/ 400 s.f.	1,500 s.f. w/ 420 s.f.	1,800 s.f. w/ 600 s.f.	2,000 s.f. w/ 600 s.f.	2,500 s.f. w/ 600 s.f.
Structural Plan Check	\$169	\$829.00	\$921.00	\$1,062.00	\$1,155	\$1,233.00	\$1,554
Planning Review Fee	\$45	\$221	\$245	\$283	\$308	\$323	\$414
Building Permit Fee	\$225	\$1,105	\$1,227	\$1,416	\$1,540	\$1,643	\$2,072
Electrical Permit	\$67	\$130	\$137	\$150	\$175	\$180	\$195
Plumbing Permit	\$90	\$165	\$175	\$190	\$195	\$195	\$200
Mechanical Permit	\$ -	\$70	\$75	\$80	\$80	\$80	\$80
Seismic Fee	\$ -	\$17	\$20	\$24	\$30	\$33	\$40
City Hall/Public Works	\$809	\$809	\$809	\$809	\$809	\$809	\$809
Community Center	\$545	\$545	\$545	\$545	\$545	\$545	\$545
Marina Facility	\$779	\$779	\$779	\$779	\$779	\$779	\$779
Animal Shelter	\$348	\$348	\$348	\$348	\$348	\$348	\$348
Library Fee	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Fire Facility Fee	\$751	\$751	\$751	\$751	\$751	\$751	\$751
Park-in-lieu fee	\$1,600	\$1,600	\$1,600	\$1,600	\$1,600	\$1,600	\$1,600
Affordable Housing	\$2,880	\$2,000	\$2,400	\$3,000	\$3,600	\$4,000	\$5,000
TOTAL	\$8,458	\$9,519	\$10,182	\$11,187	\$12,065	\$12,669	\$14,537

(1) 1,440 s.f. Manufactured Home and a 400 s.f. garage in a Residential District.

(2) All Residential Development shall pay the current School Fees. A copy of your application with the proper square footage is required before going to the school district at: LEUSD, 545 Chaney Street, Lake Elsinore, CA 92530, (951) 674-7731, ext. 294.

ATTACHMENT C
APPLICATIONS



RESIDENTIAL WILL SERVE APPLICATION

PROJECT INFORMATION	
*Project Name:	
*Project Location:	
*Project APN:	
Tract No. (if applicable):	
*Total Acres:	
*Jurisdictional Agency:	<input type="checkbox"/> City of Canyon Lake <input type="checkbox"/> City of Lake Elsinore <input type="checkbox"/> City of Wildomar <input type="checkbox"/> County of Riverside
*Project Type:	<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential/Tract Development
*Type of Construction:	<input type="checkbox"/> New Construction <input type="checkbox"/> Tenant Improvement

CONTACT INFORMATION			
CONTRACTOR		OWNER/DEVELOPER	
*Company Name:		*Company Name:	
*Address:		*Address:	
*City, State, Zip:		*City, State, Zip:	
*Contact Name:		*Contact Name:	
*Office Phone:		*Office Phone:	
*Cell Phone:		*Cell Phone:	
*Email:		*Email:	

REQUIRED DOCUMENTS	
<input type="checkbox"/>	Building Plans
<input type="checkbox"/>	Building Permit
<input type="checkbox"/>	Irrigation Plans (if applicable)

SERVICES REQUESTED				
*Services Requested (check all that apply):	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Irrigation (Required for Multi-Family/Tract Developments)			
WATER SERVICE INFORMATION				
DESCRIPTION	QTY	METER SIZE (3/4", 1", 1-1/2", 2", 3" OR 4")	METER TYPE (DOMESTIC OR IRRIGATION)	BACKFLOW (YES/NO)
SEWER SERVICE INFORMATION				
DESCRIPTION	QTY	AREA (SF)		



FEES (EVMWD ADMINISTRATIVE CODE, SECTION 2600)	
Single Family Residential	\$ 170.00
Multi-Family Residential/Tract Development	\$ 340.00

SUBMITTAL INSTRUCTIONS
1) All (*) are required fields. 2) The application and required documents shall be submitted to be an accepted application. 3) Submit the application, required documents and fee the following two methods: a) Emailed to Development@evmwd.net , or b) Drop-off in person or mail to ATTN: Engineering, 31315 Chaney Street, Lake Elsinore, CA 92530 4) For questions, contact Engineering Services at (951) 674-3146 Ext. 8427 or email Development@evmwd.net

DURATION
Allow 20 business days to receive a Service Planning Letter or Service Commitment Letter

NEXT STEPS
1) A Service Planning Letter will be provided indicating if water and/or sewer service will be provided to the development. 2) Once the Service Planning Letter is issued and the project is ready for construction, request a Service Commitment Letter by emailing Development@evmwd.net . This letter will quote the water and sewer capacity fees for the development.

INTERNAL USE ONLY			
Fees Due:		Received By:	
Reimbursement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reimbursement #:	
Date Payment Received:		Receipt No:	
Check No:		Date Received by Eng:	
Division:		Will Serve #:	
Work Order #:		Previous Account #:	
Meter Size:		Pressure Zone:	
Completed:	<input type="checkbox"/> GIS	<input type="checkbox"/> Log	<input type="checkbox"/> CIPAce



For City Staff Use Only	
Plan Check #:	Date Submitted:
Received By:	Related Projects:

ZONING COMPLIANCE—PLAN CHECK

Minor construction projects which do not change the use or intensity of a building or site may be approved by the Planning Division at the counter if they comply with applicable zoning requirements. These projects typically include minor alterations to existing buildings; accessory structures; fences and walls; or utility equipment. Larger projects may require discretionary approval prior to submittal for plan check.

PROPERTY INFORMATION

Address:	APN:
Current Use & Condition:	

CONTACT INFORMATION

Property Owner	Applicant
Name:	Name:
Mailing Address:	Mailing Address:
City/State/Zip Code:	City/State/Zip Code:
Phone:	Phone:
Email:	Email:

PROJECT INFORMATION (CHECK ALL THAT APPLY)

Residential	Non-Residential
<input type="checkbox"/> Addition/Remodel	<input type="checkbox"/> Trash Enclosure
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Mechanical Equipment
<input type="checkbox"/> Pool, Spa, and Related Equipment	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Fence, Wall, or Retaining Wall	<input type="checkbox"/> Fence, Wall, or Retaining Wall
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Describe proposed work: _____

APPLICANT SIGNATURE

The undersigned hereby certifies that all the information in this application is true and correct; that the signatures represent all the property owners of record or authorized agent; and that permission is hereby granted to the City to

Property Owner(s)

Name (Print):	Signature:	Date:
Name (Print):	Signature:	Date:

Authorized Agent

Name (Print):	Signature:	Date:
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HOMEOWNERS ASSOCIATION (HOA) APPROVAL

The undersigned hereby certifies that he/she is the designated representative of the Home Owners Association authorized to ensure consistency of this project with applicable CC&R's; that the project has been reviewed by the

HOA Name:

Designated Representative

Name (Print):	Signature:	Date:
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STAFF REVIEW

Property's Zoning:	Yes	No	N/A
Are the proposed improvements consistent with the General Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the proposed improvements consistent with the Municipal Code or Specific Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the proposed improvements consistent with Discretionary Approvals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the proposed improvements approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewed By:

Name (Print):	Signature:	Date:
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Conditions of Approval: _____



ENGINEERING DEPARTMENT
SINGLE FAMILY GRADING PLAN CHECK SUBMITTAL
APPLICATION AND CHECKLIST

130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530
P: 951.674-3124, F: 951.476-1261

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

PARCEL/TRACT NO.: _____ PROJECT NAME: _____

ASSESSOR'S PARCEL NO(S): _____

TOTAL LOT AREA: _____ Gross Acres _____ Sq Ft _____ CUT: _____ cy FILL: _____ cy

COUNTRY CLUB HEIGHTS AREA: _____ Yes _____ No PLANNING PROJECT/ DEVELOPMENT REVIEW NO: _____

SUBMITTAL TYPE: Mass Grade _____ Rough Grade _____ Precise Grade _____ Drainage _____ REVISION No. :

Are the project Hardscape Improvements (curb, gutter, sidewalk, driveway cut, pavement, striping, etc.) both onsite and/or offsite shown on this grading plan? No Yes
If yes, Engineer's Cost Estimate required with submittal

OWNER / DEVELOPER: _____

STREET ADDRESS/CITY/ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

PROJECT MANAGER: _____

If different from above

STREET ADDRESS/CITY/ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

ENGINEER: _____ COMPANY: _____

STREET ADDRESS/CITY/ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

Distribution: Original- File / Copy - Planchecker



SFR GRADING SUBMITTAL CHECKLIST

REQUIREMENTS: NEW SUBMITTAL

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 GRADING PLANS - Prepared using CITY STANDARD TITLE BLOCK FORMAT, 24" x 36"															
2	SOILS REPORT - 1 orig, sealed and signed by Engineer of work.															
	ENGINEER'S ESTIMATE signed and sealed by Engineer if hardscape improvements are on grading plan.															
1	FINAL MAP (if applicable)															
1	APPROVED SITE PLAN (if applicable)															
2	CONDITIONS OF APPROVAL															
1	PRELIMINARY TITLE REPORT (within 6 months)															
1	APPROVAL FROM OTHER AGENCIES (Copy of Stamped Plans if applicable)															
	PLAN CHECK FEES* * Reviews in excess of 4 checks will result in additional fees.															
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; text-align: center;">\$200.00</td> <td style="width: 5%; text-align: center;">+</td> <td style="width: 40%; border: 1px solid black; text-align: center;"> </td> <td style="width: 5%; text-align: center;">x</td> <td style="width: 30%; text-align: center;">91%</td> </tr> <tr> <td style="font-size: small;">Admn Charge</td> <td></td> <td style="font-size: small;">Enter Above Cubic Yard Fee from fee schedule</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">+</td> <td></td> <td></td> <td></td> </tr> </table>	\$200.00	+		x	91%	Admn Charge		Enter Above Cubic Yard Fee from fee schedule				+			
\$200.00	+		x	91%												
Admn Charge		Enter Above Cubic Yard Fee from fee schedule														
	+															

Other Documents *REQUIRED* Prior to Permit Issuance

WILL SERVE LETTER from Appropriate Water District

SCE LETTER OF NON-INTERFERENCE - (30 days to obtain) SCE, Corporate Real Estate Operations, 2 Innovation Way, Pomona, CA 91768- Request letter of non-interference. Provide copy of grading plan and APN.

Other Documents which *MAY BE REQUIRED* Prior to Permit Issuance

Hydrology and Hydraulics / Drainage Study; Letter of permission to grade, construct, accept modified flow, NOI, WDID, WQMP CLOMR/LOMR, SEISMIC Review. Check your Conditions of Approval for project specific items.

REQUIREMENTS: REVISION SUBMITTAL

QTY	DESCRIPTION OF REQUIRED DOCUMENTS												
1	This Form identifying all items being submitted.												
1	REDLINED APPROVED PLANS - 24" x 36"												
1	COPIES OF DOCUMENTS in SUPPORT of PROPOSED REVISION.												
	PLAN CHECK FEES* * Reviews in excess of 4 checks will result in additional fees.												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; text-align: center;">\$200.00</td> <td style="width: 5%; text-align: center;">+</td> <td style="width: 40%; border: 1px solid black; text-align: center;"> </td> <td style="width: 35%;"></td> </tr> <tr> <td style="font-size: small;">Admn Charge</td> <td></td> <td style="font-size: small;">Enter # of Plan Sheets being Revised above</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">+</td> <td></td> <td></td> </tr> </table>	\$200.00	+			Admn Charge		Enter # of Plan Sheets being Revised above			+		
\$200.00	+												
Admn Charge		Enter # of Plan Sheets being Revised above											
	+												

and OTHER DOCUMENTS as required during plan check process.

APPLICATION FOR BUILDING PERMIT

VALUATION CALCULATIONS

1st FLOOR _____ SF
 2nd FLOOR _____ SF
 3rd FLOOR _____ SF
 GARAGE _____ SF
 STORAGE _____ SF
 DECK & BALCONIES _____ SF
 OTHER: _____ SF

VALUATION: _____

FEES

BUILDING PERMIT \$ _____
 PLAN CHECK _____
 PLAN REVIEW _____
 SEISMIC _____
 PLAN RETENTION _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above - mentioned property for inspection purposes.

Signature of Applicant or Agent Date

Agent for contractor owner

Agents Name _____

Agents Address _____

Street City State Zip

APPLICATION NO.
APPLICATION RECEIVED DATE
BY

AP #	BUILDING ADDRESS	
	TRACT	LOT/PARCEL
OWNER	NAME	
	MAILING ADDRESS	PHONE
	CITY	STATE/ZIP
CONTRACTOR	I hereby affirm that I am licensed under provisions of chapter 9 (commencing with section 7000) of division 3 of the business and professions code, and my license is in full force and effect.	
	LICENSE #	CITY BUSINESS TAX #
	NAME	
	MAILING ADDRESS	PHONE
ARCHITECT	CITY	STATE/ZIP
	CONTRACTOR'S SIGNATURE	
ARCHITECT	NAME	
	MAILING ADDRESS	LICENSE #
	CITY	STATE/ZIP
ARCHITECT	PHONE	
	DATE	
<input type="checkbox"/> NEW	OCC GRP. /	CONST. TYPE:
<input type="checkbox"/> ADDITION	DIVISION:	
<input type="checkbox"/> ALTERATION	NUMBER OF	NUMBER OF
<input type="checkbox"/> OTHER	STORIES:	BEDROOMS:
<input type="checkbox"/> SINGLE FAMILY	ZONE:	
<input type="checkbox"/> APARTMENTS		
<input type="checkbox"/> CONDOMINIUMS	HAZARD AREA ?	YES
<input type="checkbox"/> TOWN HOMES	SPRINKLERS	NO
<input type="checkbox"/> COMMERCIAL	REQUIRED ?	YES
<input type="checkbox"/> INDUSTRIAL	PROPOSED USE OF BLDG:	NO
<input type="checkbox"/> REPAIR	PRESENT USE OF BLDG:	
<input type="checkbox"/> DEMOLISH		
JOB DESCRIPTION		

- _____ 1. I am licensed under the provisions of Business and Professional Code Section 7000 et seq. and my license is in full force.
- _____ 2. I, as owner of the property, or my employee w/wages as their sole compensation will do the work and the structure is not intended or offered for sale.
- _____ 3. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
- _____ 4. I have a certificate of consent to self-insure or a certificate of Workers Compensation Insurance or a certified copy thereof.
- _____ 5. I shall not employ any person in any manner so as to become subject to Workers Compensation Laws in the performance of the work for which this permit is issued.



130 South Main Street

APPLICATION FOR PERMIT

ELECTRICAL / PLUMBING / MECHANICAL

I hereby certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent Date

(circle one)
AGENT FOR: CONTRACTOR OWNER
AGENT'S NAME _____
AGENT'S ADDRESS _____
street city state zip

APPLICATION #	
APPLICATION DATE:	
AP#	BY:
BUILDING ADDRESS	
TRACT	BLOCK/PAGE LOT/PARCEL
OWNER	NAME
	MAILING ADDRESS
	PHONE
CITY	STATE/ZIP
	I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.
LICENSE #	CITY BUSINESS TAX#
	NAME
MAILING ADDRESS	CITY
	STATE/ZIP
	PHONE
CONTRACTOR'S SIGNATURE	

ELECTRICAL	Quan	PLUMBING	Quan	MECHANICAL	Quan
New Res. Multi Family / SQ. FT.		Fixture or Trap		F.A.U. / Furnace / Ducts / Vents	
New Res. Single Family / SQ. FT.		Building Sewer		F.A.U. / Furnace / Misc. / > 100000	
Pool Electric System, Private		Rain Water System per Drain		Floor Furnace / Vent	
Switches / 1st 20		Private Septic System		Unit Heater / Wall Heater	
Switches / Over 20		Water Heater / Vent		Install / Relocate / Replace Vent	
Receptacle Outlet / 1st 20		Gas Piping System 1 - 4 Outlets		Ventilating Fan	
Receptacle Outlet / Over 20		Gas Piping 5 or More Outlets		Evaporative Cooler	
Lighting Fixtures / 1st 20		Dishwasher		Ventilating System	
Lighting Fixtures / Over 20		Solar Tank		Exhaust Hood	
Residential Fixed Appliance / Outlet		Solar Collector per Panel		Fireplace	
Non-Residential Appliance / Outlet		Grease Trap / (Interceptor)		Commercial Incinerator	
100 - 200 Amp Service < 600V		Install, Alter or Repair System		Air Handler > 10000 CFM	
200 - 1000 Amp Service < 600V		Lawn Sprinkler System		Air Handler < 10000 CFM	
Misc. Apparatus, Conduits, Etc.		Backflow Device Smaller than 2"		Fire Dampers	
Signs		Backflow Device Larger than 2"		Registers	
Sign Branch Circuit		Floor Drain		Compressor / Heatpump - 3 H.P.	
Busways / EA 100 FT		Floor Sink		Compressor / Heatpump 3 - 15 H.P.	
Temporary Power Service		Water Service		Compressor / Heatpump 15 - 30 H.P.	
Temporary Power Distribution System		Alter or Repair Drain or Vent		Compressor / Heatpump 30 - 50 H.P.	
Motors / Transformers		Fire Sprinklers per Building		Repair / Alter Misc. HVAC	
Motors up to 1 H.P.		Swimming Pool		Compressor / Heatpump Over 50 H.P.	
Motors / Transformers 1 - 10 H.P.		Swimming Pool / Public			
Motors / Transformers 10 - 50 H.P.		Swimming Pool / Private			
Motors / Transformers 50 - 100 H.P.		Water Heater / Vent			
Motors / Transformers > 100 H.P.		Replace Piping			
		Replace Filter			
		Misc. Replace			
		Gas Piping			

- _____ 1. I am licensed under the provisions of Business and Professional Code Section 7000 et seq. and my license is in full force.
- _____ 2. I, as owner of the property, or my employee w/wages as their sole compensation will do the work and the structure is not intended or offered for sale.
- _____ 3. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
- _____ 4. I have a certificate of consent to self-insure or a certificate of Workers Compensation Insurance or a certified copy thereof.
- _____ 5. I shall not employ any person in any manner so as to become subject to Workers Compensation Laws in the performance of the work for which this permit is issued.



INSPECTION APPLICATION FOR SEWER LATERAL

PROJECT INFORMATION	
*Project Name:	
*Project Location:	
*Project APN:	

CONTACT INFORMATION			
CONTRACTOR		OWNER/DEVELOPER	
*Company Name:		*Company Name:	
*Address:		*Address:	
*City, State, Zip:		*City, State, Zip:	
*Contact Name:		*Contact Name:	
*Office Phone:		*Office Phone:	
*Cell Phone:		*Cell Phone:	
*Email:		*Email:	

REQUIRED DOCUMENTS	
<input type="checkbox"/>	1) *Payment Receipt of the Service Commitment Letter (SCL) that includes the Water and/or Sewer Capacity Fees a) This SCL is provided by submitting a Residential Will Serve Application b) SCL No. _____ (Noted on the top right corner of the SCL)
<input type="checkbox"/>	2) *Work Order Request Form/Responsible Party Form (Attached)
<input type="checkbox"/>	3) *Signed Construction Contract between the Owner/Developer and Contractor for the sewer lateral work.
<input type="checkbox"/>	4) *Inspection Deposit in the amount of \$1,500.00 by the following two methods a) Credit Card Form (Attached), or b) Check payable to EVMWD in person or mail at ATTN: Engineering, 31315 Chaney Street, Lake Elsinore, CA 92530
<input type="checkbox"/>	5) *Contractor and/or Sub-Contractor California Contract License from www.cslb.ca.gov a) California Contract License Type: <input type="checkbox"/> A, <input type="checkbox"/> C-34 or <input type="checkbox"/> C-42 b) California Contract License No: _____
<input type="checkbox"/>	6) *Certificate of Liability Insurance from Insurance Provider a) Workers Compensation Insurance Expiration Date: _____ b) Liability Insurance Expiration Date: _____ c) General Liability Expiration Date: _____ d) Automobile Liability Expiration Date: _____ e) The attached Insurance Certificate Sample shall be provided to the insurance provider as an example
<input type="checkbox"/>	7) *Emergency Contact Information Form (Attached)
<input type="checkbox"/>	8) Copy of Reference Permit/Plans (Applicable for New Construction) a) Building Permit, Building Plans, Grading Plans, Street Improvement Plans

MATERIAL SELECTION (SELECT ONE MANUFACTURE FOR EACH ITEM)		
ITEM	DESCRIPTION	MANUFACTURE
*Pipe	4" PVC SDR 35, ASTM D 3034	<input type="checkbox"/> Vinyltech <input type="checkbox"/> Lamson Vylon <input type="checkbox"/> North American Pipe
*Bend and Wye Fitting	4" Wye and Bend Fittings	<input type="checkbox"/> Certainteed <input type="checkbox"/> Inserta Tee <input type="checkbox"/> J-M Pipe
*Saddle	4" Saddle	<input type="checkbox"/> Certainteed <input type="checkbox"/> Inserta Tee (10" and Above) <input type="checkbox"/> J-M Pipe



*Cleanout	Traffic and Non-Traffic Rated	<input type="checkbox"/> JR Concrete <input type="checkbox"/> Applied Engineering
*Rock	¾" Class 2 Crushed Aggregate Base (No. 67)	All Suppliers are Accepted
*Warning Tape	6" Wide Tape, Color Green with Continuous Warning "CAUTION: SEWER LINE BURIED BELOW"	<input type="checkbox"/> Calpico, Type 1 <input type="checkbox"/> Line-Tec, Type B <input type="checkbox"/> Thor, Elast Tec <input type="checkbox"/> Northtown <input type="checkbox"/> Dot Sales
Backwater Valve	4" Extendable ABS Valve (Required if the house slab elevation is lower than the upstream manhole rim elevation)	<input type="checkbox"/> Clean Check, Inc. <input type="checkbox"/> Mainline Backflow Products, Inc.

DEPOSIT AND BILLING RATES

Deposit Amount: \$1,500 (Additional funds will be requested if the balance is depleted)
 Billable Rates Per Administration Code Section 2601.B.2:

Inspections	\$166	SCADA	\$197	Management Support	\$275
Operations	\$105	Administrative Support	\$86		

SUBMITTAL INSTRUCTIONS

- 1) All (*) are required fields.
- 2) The application and required documents shall be submitted together to be an accepted application.
- 3) Submit the application, required documents and deposit by the following two methods:
 - a) Emailed to EngServices@evmwd.net, or
 - b) Drop-off in person or mail to ATTN: Engineering, 31315 Chaney Street, Lake Elsinore, CA 92530

DURATION

Allow **5 business days** for the application to be reviewed. You will receive an email indicating if the application has been accepted or rejected.

NEXT STEPS

- 1) The District will contact you to schedule a pre-construction meeting.
- 2) Upon completion of the pre-construction meeting, the applicants can schedule for inspection.

APPROVAL/RESUBMITTAL REQUIRED (INTERNAL USE ONLY)

Received Date:		Received By:													
<input type="checkbox"/> Accepted, Date:		<input type="checkbox"/> Resubmittal Req, Date:													
The following information was missing or incomplete: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Project Information</td> <td><input type="checkbox"/> Contact Information</td> <td><input type="checkbox"/> Service Commitment Letter</td> </tr> <tr> <td><input type="checkbox"/> Work Order Request Form</td> <td><input type="checkbox"/> Construction Contract</td> <td><input type="checkbox"/> California Contractor License</td> </tr> <tr> <td><input type="checkbox"/> Liability Insurance</td> <td><input type="checkbox"/> Emergency Contact Information Form</td> <td><input type="checkbox"/> Reference Permits/Plans</td> </tr> <tr> <td><input type="checkbox"/> Material Selection</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Project Information	<input type="checkbox"/> Contact Information	<input type="checkbox"/> Service Commitment Letter	<input type="checkbox"/> Work Order Request Form	<input type="checkbox"/> Construction Contract	<input type="checkbox"/> California Contractor License	<input type="checkbox"/> Liability Insurance	<input type="checkbox"/> Emergency Contact Information Form	<input type="checkbox"/> Reference Permits/Plans	<input type="checkbox"/> Material Selection		
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<input type="checkbox"/> Work Order Request Form	<input type="checkbox"/> Construction Contract	<input type="checkbox"/> California Contractor License													
<input type="checkbox"/> Liability Insurance	<input type="checkbox"/> Emergency Contact Information Form	<input type="checkbox"/> Reference Permits/Plans													
<input type="checkbox"/> Material Selection															
Additional Comments:															

I have reviewed and verified that this package meets the requirements as specified in EVMWD's Standard Specifications for the Construction of Water and Sewer Facilities, General Conditions.

Authorized Signature _____
Date



WORK ORDER REQUEST AND RESPONSIBILITY PARY FORM

APPLICATION TYPE			
<input type="checkbox"/> PLANNING	<input type="checkbox"/> PLAN CHECK	<input type="checkbox"/> EASEMENT	<input type="checkbox"/> INSPECTION

PROJECT INFORMATION	
*Project Name:	
*Project Location:	
*Project APN:	
Tract No (If applicable):	

CONTACT INFORMATION			
APPLICANT		RESPONSIBLE PARTY	
*Name:		*Name:	
Title:		Title:	
Company Name:		Company Name:	
*Address:		*Address:	
*City, State, Zip:		*City, State, Zip:	
*Office Phone:		*Office Phone:	
*Cell Phone:		*Cell Phone:	
*Email:		*Email:	
		*EIN or SSN	

AGREEMENT	
<p>I hereby make a deposit to EVMWD in the amount of \$ _____ and agree that this money is provided for costs incurred for said project. It is understood that periodically the account balance will be checked, and if additional monies are due beyond this initial deposit, an invoice will be issued to the Responsible Party. Should the contractor, or any of its subcontractors, damage District property during construction, the Responsible Party listed below shall be responsible for all repairs and fees associated with said damage.</p>	
_____ Responsible Party Signature	_____ Date

For Finance Use Only			
Inspector Assigned:		Date Opened:	
Requested By:		Work Order Type	Work Order Assigned
KEY:			
PLAN	Planning		
PDEP	Plan Check		
D	Easement		
RW	Recycled Water Pre-meter Inspection		
RS	Recycled Water State Inspection Deposit		
RC	Recycled Water Cross Connection Inspection		
W	Water Inspection		
S	Sewer Inspection		
Previous Work Order #		* Enter into Lawson	

(*) Required Fields



EMERGENCY CONTACT INFORMATION FORM

CONTACT # 1	
*Contact Name:	
Title:	
Company Name:	
*Address:	
*City, State, Zip:	
*Emergency Phone No:	
*E-mail:	

CONTACT # 2	
*Contact Name:	
Title:	
Company Name:	
*Address:	
*City, State, Zip:	
*Emergency Phone No:	
*E-mail:	

CONTACT # 3	
Contact Name:	
Title:	
Company Name:	
Address:	
City, State, Zip:	
Emergency Phone No:	
E-mail:	

(*) Required Fields

Insurance Certificate Sample

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

1. PRODUCER:
Insurance Agent/Broker who issues certificate.

2. NAME OF INSURED:
Must be legal name of the contracting party.

3. TYPES OF INSURANCE:
Must include the types of insurance required by contract.

4. POLICY FORM:
EVWMD requires per "Occurrence" or "Claims made" or "Occurrence" form: see Glossary for definitions.

4. POLICY FORM:
EVWMD requires "Any Auto".

5. NAME ADDITIONAL INSURED:
Elsinore Valley Municipal Water District see below for details.

6. CERTIFICATE HOLDER:
Must be Elsinore Valley Municipal Water District.

7. ACCEPTABILITY OF INSURERS:
Insurers must have current A.M. Best's rating no less than A:VIII licensed to conduct business in California.

8. POLICY EFFECTIVE DATE:
Must be prior to our coincide with the effective date of contract.

9. POLICY EXPIRATION DATE:
If occurrence form, date must be on or after termination of contract.

10. LIMITS OF INSURANCE:
Must be the same or greater than required by contract

11. DESCRIPTION OF OPERATIONS:
EVWMD are often name additional insured here, place & event sometimes described here.

12. NOTICE OF CANCELLATION:
Must be modified as indicated: 30 days required.

13. AUTHORIZED REPRESENTATIVE:
Must be signed.

License ABC Insurance Carrier 456 Anywhere Drive Anyplace, CA 45678	CONTACT NAME: Jon Doe PHONE (AC, No, Ext): (859)555-1212 FAX (AC, No): (859)555-1212 E-MAIL: Jdoe@abcins.com ADDRESS:
INSURED ABC Constructors 123 Anywhere Dr. Anyplace, CA 12345	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: RLI Insurance Company 13056 INSURER B: RLI Indemnity Company 28860 INSURER C: Continental Casualty Company 20443 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> Ded.: \$0 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp.: \$90 <input checked="" type="checkbox"/> Coll.: \$500	X		PSB0001292	11/15/2013	11/15/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> Ded. <input checked="" type="checkbox"/> RETENTION \$ 0			PSE0001227	11/15/2013	11/15/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PSW0001119	07/08/2014	07/08/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<input checked="" type="checkbox"/> Prof Liab/Clims Made <input checked="" type="checkbox"/> Ded.: \$20k Per Claim			EEH288380277	07/08/2014	07/08/2015	Per Claim \$ 1,000,000
C	<input checked="" type="checkbox"/> Ded.: \$20k Per Claim			EEH288380277	07/08/2014	07/08/2015	Aggregate \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: SP# project No. 2787 EVWMD RO Membrane Treatment Pilot Study
 Elsinore Valley Municipal Water District is Additional Insured with respect to General and Auto Liability per the attached endorsements as required by written contract. Insurance is Primary and Non-Contributory. Waiver of Subrogation applies to Workers' Compensation.
 30 Days Notice of Cancellation with 10 Days Notice for Non-Payment of Premium in accordance with the policy provisions.
 Vendor #12345

CERTIFICATE HOLDER Elsinore Valley Municipal Water District 31315 Chaney Street PO Box 3000 Lake Elsinore, CA 92530	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

Contractor maintain a valid certificate of insurance throughout the 1 year warranty period