



March Joint Powers Authority

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PUBLIC WORKS PLAN CHECK APPLICATION

Project #

Plan Check #

TYPE OF APPLICATION		
<input type="checkbox"/> Grading	<input type="checkbox"/> Street Improvements	<input type="checkbox"/> On-site Improvements
<input type="checkbox"/> Drainage Improvements	<input type="checkbox"/>	<input type="checkbox"/>

Applicant:	
Address:	
Contract #/Person:	()
Representative:	
Address:	
Contact #/Person:	
Contractor License #:	
Type of License:	
Project Description:	
Job Site and Location:	
Site Address:	

Applicant=s Signature: _____

Date: _____

SUBMIT FORM WITH THREE (3) SETS OF PLANS

Submittal: 1st Correction/Resubmittal:

Approved: _____