



**CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION**
2120 DIAMOND BOULEVARD, SUITE 100
CONCORD, CA 94520
925-608-5500 FAX 925-608-5502
www.cchealth.org/eh

Land Use Plan Review



LAND USE PLAN REVIEW APPLICATION

Mark Check-off Boxes as Applicable for Type of Work

Type of Work

- New Structure with Plumbing Fixtures (40)
- Addition/Remodel (40)
- Structure – No Plumbing Fixtures (41)
- Other (40 / 41)

Type of Structure

- Single-Family Dwelling
- Commercial
- Barn
- Solar
- Other _____

Projected Sewage Flow

- No. of Bedrooms _____
- No. of Employees _____
- No. of Seats _____
- Other _____

Water Supply

- Off-site Public Water
- On-site Public Water
- Name of Supplier _____
- Private Well
- Number of Wells _____

FOUR SETS OF PLANS REQUIRED FOR PLAN REVIEW

PLEASE PRINT CLEARLY. ALL FIELDS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE REJECTED

Legal Owner's Name		E-mail:	
Legal Owner Address			
City/ State/ Zip		Country	Owner Telephone
Owner Billing Address (if different from above)			
Site Address (if different from Owner)		Assessor's Parcel #	
Contractor Company Name			Lot/Parcel #
Contractor or Agent Contact Name		E-Mail:	
Contractor or Agent Address/ City/ State/ Zip Code			Contact Person's Telephone

I hereby certify that the above information and submitted plans are true and correct and that the proposed work will comply with all applicable laws and regulations. I agree to obtain written authorization prior to deviating from the approved plans.

Signature of Owner or Agent Date

Signature of Contractor Date

FOR OFFICE USE ONLY

Plan Check (PE 4240 or 4241)

Amount Paid: \$ _____	Receipt #: _____	Check #: _____	CASH / Credit Card: MC ___ VISA ___	Date Received: _____
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Facility ID#	PR #:	Received by:	REHS:	Supervisor:
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