

Work Order Request and Contact Overview

COMPLETE ALL FIELDS BELOW:

Phase II: Design Conditions

Phase III: Plan Check

On-Site Irrigation

Date of Request:

PROJECT INFORMATION:

Project Name:	Tract, Parcel Map:	APN No(s):
Service Address:	City:	Zip Code:
Project Location:	Thomas Bros. Guide:	
Project Description):		
For All Irrigation over 2,500 sf:		
Dual Source: Yes No	Total Project Area:	Total Irrigated Area:

PLEASE COMPLETE SECTIONS REQUIRED BASED ON APPROPRIATE PROJECT PHASE:

PHASE II: DESIGN CONDITIONS ⁽¹⁾ **PHASE III: PLAN CHECK** ⁽²⁾ **ONSITE IRRIGATION** ⁽³⁾

Required ^{(1) (2) (3)}		
Point of Contact (Development Company Name):		
Primary Contact Name:	Phone Number:	
Primary Mailing Address:	Cell Number:	
City/State:	Zip Code:	Fax Number:
Email Address:		

Required ^{(1) (2) (3)}		
Entity Responsible for Payment of Fees (Company Name):		
Contact Name:	Phone Number:	
Address:	Cell Number:	
City/State:	Zip Code:	Fax Number:
Email Address:		

Required ^{(1) (2)}		
Project Engineer (Company Name):		
Contact Name:	Phone Number:	
Address:	Cell Number:	
City/State:	Zip Code:	Fax Number:
Email Address:		

Required ^{(1) (3)}		
Landscape Architect (Company Name):		
Contact Name:	Phone Number:	
Address:	Cell Number:	
City/State:	Zip Code:	Fax Number:
Email Address:		

Required ⁽³⁾		
Landscape Contractor (Company Name):		
Contact Name:	Phone Number:	
Address:	Cell Number:	
City/State:	Zip Code:	Fax Number:
Email Address:		

Required ^{(1) (2) (3)}		
Deposit Amount:		
Developer Signature:		
Print Name/Title:		
Company:		
Date:		

By signing, developer agrees that initial deposit provided for project processing will be reconciled periodically. An invoice will be issued if additional monies are due. Developer is responsible for any additional charges incurred beyond the initial deposit.

EMWD USE ONLY-

EMWD Contact:
Phone: Ext.:
Email:

Date Received:	Receipt No.:
PPI #:	
Other:	