ENVIRONMENTAL HEALTH DIVISION
2120 Diamond Blvd, Suite 100, Concord, CA 94520
925.608.5500 / 925.608.5502fax
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LAND USE PLAN REVIEW APPLICATION

Mark Check-off Boxes as Applicable for Type of Work

TYPE OF WORK	TYPE OF STRUCTURE		PROJECTED SEWAGE FLOW		WATER SUPPLY	
☐ Conventional Design Review (42)	☐ Single-Family Dwelling	☐ Pool/Spa	☐ No. of Bedrooms		☐ Off-site Public Water	
☐ Alternative Design Review (43)	☐ Multiple-Family Dwelling	☐ Shed	☐ No. of Employees		☐ On-site Public Water	
☐ New Structure w/ Plumbing Fixtures (40)	☐ ADU	☐ Ag Bldg	☐ No. of Seats		☐ Name of Supplier _____	
☐ Addition / Remodel (40)	☐ Barn	☐ Solar	☐ Other		☐ Private Well	No. of Wells_____
☐ Structure – No Plumbing Fixtures (41)	☐ Garage/Carport					
☐ Other (40 / 41)	☐ Other _____					

ELECTRONIC OR 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 #**	**Lot/Parcel #**
Contractor Company Name	**Contact Name**	**Phone #**
Contractor or Agent Address/ City/ State/ Zip Code	**E-Mail:**	
Plan Design by	**Designer's Name**	**Phone #**
Address/City/State/Zip Code	**E-Mail:**	

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

FA#:	AR #:	SR #:	Received by:	REHS:	Supervisor:
AMOUNT DUE:	CHECK #:	☐ CASH	☐ CREDIT CARD	XR0	

Revised 7.1.25