



PAYMENT APPLICATION FOR FINAL DESIGN FOR WATER

Mailing Address: P.O. Box 3427, San Bernardino, CA 92413
Physical Address: 3654 E. Highland Avenue, Suite 18, Highland, CA 92346
Phone: (909) 888-8986, Fax: (909) 383-1481

Date _____

APPLICANT _____

(PLEASE INDICATE ONE OF THE FOLLOWING):

CORPORATION INDIVIDUAL PARTNERSHIP OTHER

If Other _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

PROJECT NAME _____ Location _____

Job No. _____ Tract / Project No. _____

ENGINEER _____ RCE No. _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

FEE SCHEDULE

A non-refundable minimum charge in the amount of 7.5% of the Engineer's estimated cost for the project

DESCRIPTION:

FEE:

Plan check of the Water System Design Drawings:
Project Engineer's estimated cost
of the project: _____ x 'Fee' = _____ \$ _____
Total Charge \$ _____

NOTE: This work will be accomplished on a time and effort basis. Should the District require more funds than the original charge, the additional costs will be billed and must be paid prior to allowing water service to the project.

(Account No. 11200- WA) **JOB NO.** _____ **TASK** PLGLPC

FOR OFFICE USE ONLY

APPLICATION taken by _____ Date _____