

**COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC WORKS
WATERWORKS DIVISION**



INSPECTION REQUEST FORM

www.lacwaterworks.org



LANCASTER OFFICE

PHONE: (661) 940-9270 • **FAX:** (661) 726-1478

EMAIL: wwwmaeng@dpw.lacounty.gov

MALIBU OFFICE

PHONE: (310) 456-6621 • **FAX:** (310) 317-4674

EMAIL: nparsa@dpw.lacounty.gov

Requested Start Date _____ Spec No. _____

SINGLE FAMILY RESIDENCE **COMMERCIAL** **TRACT/PARCEL MAP**

Job Address _____ Parcel Map/Tract _____

Owner/Developer _____

Contact Name _____ Phone No. _____

Email _____ Fax No. _____

Sub-Contractor _____

Contact Name _____ Phone No. _____

Email _____ Fax No. _____

Signature

Date

I understand that I need written confirmation from LACWD before commencing any work. LACWD requires a minimum of two (2) business days to schedule inspection activities AFTER ALL APPLICABLE ITEMS HAVE BEEN SUBMITTED, REVIEWED, AND APPROVED BY LACWD.

OFFICE USE

Memo Billing No. _____ Date Paid _____ Type: ENG / WSRC / INSP / WS / PA

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Yes No Customer Order Form Date Inspection Request Rec'd _____

Yes No Appropriate Fees Paid Date Inspection Scheduled For _____

Yes No Materials Submittals Approved Inspector Assigned _____

Yes No License/Certificate of Liability Insurance Inspector's Contact Number _____

Approved by Engineer _____ **Date** _____ **Request No.** _____

Yes No Emailed Approval Package to Sub-Contractor (Reminder Letter, Meter Specs, Master List, etc.)

Yes No Inspector Package (Plans, Blue Book, Materials Submittal, Reminder Letter, Meter Specs, Installation Sheets)