

REJECT

DIRECT CHECK

- INCOMPLETE PLANS
- MISSING ITEMS

ADDRESS or TR/PM/CUP NO. \_\_\_\_\_  
PRIVATE CONTRACT (PC) NO. \_\_\_\_\_

ENGINEERING FIRM _____	CHECKED BY _____	TEL. No. _____
PROJECT ENGINEER _____	DATE _____	
TELEPHONE NO. _____	REVIEW NO. _____	
CSMD INDEX _____	EIMP NO. _____	

Your plans have been checked and the necessary corrections, additions, and instructions are checked below. The plans will not be rechecked until the correction list is returned showing either your check mark indicating the correction has been made or a brief explanation for each item that does not have your check mark. **Make all corrections checked below. Also, make corrections or additions indicated in red on the attached check print(s).**

**A. Submit the following prior to approval:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Field notes showing: <input type="checkbox"/> Existing Manhole ties and invert elevations; <input type="checkbox"/> Surface over sewer;</li> <li><input type="checkbox"/> Topography; <input type="checkbox"/> Reference to nearest major cross street; <input type="checkbox"/> Invert elev. of other substructures</li> <li><input type="checkbox"/> Area study.</li> <li><input type="checkbox"/> Road plans (current version) – must be approved or in direct check before approval.</li> <li><input type="checkbox"/> Plot Plan or Exhibit Map.</li> <li><input type="checkbox"/> Grading Plan (current version) – must be approved or in direct check before approval.</li> <li><input type="checkbox"/> Geotechnical and Materials Engineering Division Clearance (Soils and/or Geology Report may be required to address cut &amp; fill condition and groundwater level). An initial deposit of \$300 is required and may be subject to additional fees to complete the review.</li> <li><input type="checkbox"/> Storm Drain Plan (current version).</li> <li><input type="checkbox"/> Underground letter (copy attached). Complete and return one copy signed by engineer.</li> <li><input type="checkbox"/> Participation letter (copy attached). Complete and return one copy signed by owner. The description of the participating property should be as simple as possible, for example: Tract No. _____ or all property fronting on sewer.</li> <li><input type="checkbox"/> Approved tentative map and conditions.</li> <li><input type="checkbox"/> Approved site plan.</li> <li><input type="checkbox"/> Final Map showing proposed sewer easement.</li> <li><input type="checkbox"/> Notarized and executed sewer easement documents for ML and/or private HL.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Annexation to Trunk Agency. For information, contact: <ul style="list-style-type: none"> <li><input type="checkbox"/> Los Angeles County Sanitation District at (562) 699-7411, from Los Angeles, (323) 627-5217</li> <li><input type="checkbox"/> Las Virgenes Municipal Water District at (818) 251-2200</li> </ul> </li> <li><input type="checkbox"/> Information on industrial waste. (What will <u>proposed sewer serve?</u>)</li> <li><input type="checkbox"/> Calculate and return attached Bond Cost Estimate (pay balance of plan check fee if applicable).</li> <li><input type="checkbox"/> Offer of Dedication (copy attached). Execute and return the original and copies signed by owner.</li> <li><input type="checkbox"/> Sewer Maintenance and Annexation fee of \$ _____ (Make check payable to Department of Public Works.) Pay at Sewer Maintenance Division at 1000 South Fremont Avenue 4<sup>th</sup> Floor, Alhambra, CA 91803 or on EPICLA.</li> <li><input type="checkbox"/> Reimbursement charge of \$ _____ (Make check payable to Department of Public Works or on EPICLA).</li> <li><input type="checkbox"/> Ordinance frontage charge of \$ _____ (Make check payable to Department of Public Works or on EPICLA).</li> <li><input type="checkbox"/> Balance/Supplemental plan check fee of \$ _____ (Make check payable to Department of Public Works or on EPICLA).</li> <li><input type="checkbox"/> All sewer pipes must be extra strength Vitrified Clay Pipe (VCP) with compression joints</li> </ul> |
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**SEWER IMPROVEMENTS PLAN CHECK CORRECTIONS LIST (CONT.)**

**B. Provide the following information on the plans:**

- 1.  Street names
- 2.  Tract numbers
- 3.  Lot numbers
- 4.  Lot Dimensions
- 5.  Existing outlet and outlet agency
- 6.  Legal description of properties along off-site main

Other Comments:

\_\_\_\_\_

**C. Plans will not be accepted for checking or released unless the following are submitted:**

- \$\_\_\_\_\_ balance of checking fee (refer to fee schedule posted on LDD website)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Additional Corrections**

ADDRESS OR TR/PM/CUP NO. \_\_\_\_\_  
ESTU NO. \_\_\_\_\_

\_\_\_\_\_



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS  
SEWER CLEARANCE CHECKLIST

FINAL TRACT/PARCEL MAP NO. \_\_\_\_\_ FINAL MAP DATED \_\_\_\_\_

CLEARED BY \_\_\_\_\_ CLEARED DATE \_\_\_\_\_

EIMP No. \_\_\_\_\_ PC No. \_\_\_\_\_

Required Complete

<input type="checkbox"/>	<input type="checkbox"/>	Sewer Improvement Plans Private Contract No. _____ <input type="checkbox"/> Approved Approval Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	\$_____ Verification Fees (\$5000 -TR & \$2000 -PM) (as required in conditions of approval) <input type="checkbox"/> Paid Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	\$_____ Sewer improvement bonds (+ 1/2 for labor & materials) <input type="checkbox"/> Posted Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	\$_____ Offsite improvement bonds <input type="checkbox"/> Posted Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Offsite Improvement Plans Private Contract No. _____ <input type="checkbox"/> Approved Approval Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Area Study Private Contract No. _____ <input type="checkbox"/> Approved Approval Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Trunk Agency Will Serve Letter <input type="checkbox"/> CSD <input type="checkbox"/> LVMWD <input type="checkbox"/> Provided Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Final Map <input type="checkbox"/> Submitted Plan case No. _____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Sewer Easements <input type="checkbox"/> Provided Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	\$_____ Outstanding balance of plan checking fee \$_____ Outstanding balance of verification fee
<input type="checkbox"/>	<input type="checkbox"/>	Copy of conditions of approval or city's resolution for city project <input type="checkbox"/> Provided Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Crescenta Valley Water District (CVWD), sewer and water availabilities, letters <input type="checkbox"/> Provided Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	\$_____ Reimbursement and ordinance frontage fee <input type="checkbox"/> Provided Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____ <input type="checkbox"/> Provided Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____ <input type="checkbox"/> Provided Date: _____