



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS
SEWER IMPROVEMENTS PLAN CHECK CORRECTIONS LIST**

REJECT

- INCOMPLETE PLANS
- MISSING ITEMS

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

- DESIGN CHECK
- DETAIL CHECK
- DIRECT CHECK

ENGINEERING FIRM _____
PROJECT ENGINEER _____
TELEPHONE NO. _____
CSMD INDEX _____

CHECKED BY _____ TEL. No. _____
DATE _____
REVIEW NO. _____
THOMAS GUIDE _____

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:

- Tracing or mylar and Index Map.
- Field notes showing: Existing Manhole ties and invert elevations; Surface over sewer; Topography; Reference to nearest major cross street; Invert elev. of other substructures
- Area study.
- Road plans (current version) – must be approved or in direct check before approval.
- Plot Plan or Exhibit Map.
- Grading Plan (current version) – must be approved or in direct check before approval.
- Geotechnical and Materials Engineering Division Clearance (Soils and/or Geology Report may be required to address cut & fill condition and groundwater level). An initial deposit of \$300 is required and may be subject to additional fees to complete the review.
- Storm Drain Plan (current version).
- Separate sketch of index map on 8-1/2" x 11" sheet.
- Underground letter (copy attached). Complete and return one copy signed by engineer.
- 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.
- Approved tentative map and conditions.
- Notarized and executed sewer easement documents for ML and/or private HL.
- Annexation to Trunk Agency. For information, contact:
 - Los Angeles County Sanitation District at (562) 699-7411, from Los Angeles, (323) 627-5217
 - Las Virgenes Municipal Water District at (818) 251-2200
- Information on industrial waste. (What will proposed sewer serve?)
- Calculate and return attached Bond Cost Estimate (pay balance of plan check fee if applicable).
- Offer of Dedication (copy attached). Execute and return the original and copies signed by owner.
- Sewer Maintenance and Annexation fee of \$ _____ (Make check payable to Department of Public Works.) Pay at Sewer Maintenance Division at 1000 South Fremont Avenue 4th Floor, Alhambra, CA 91803.
- Reimbursement charge of \$ _____ (Make check payable to Department of Public Works).
- Ordinance frontage charge of \$ _____ (Make check payable to Department of Public Works).
- Balance/Supplemental plan check fee of \$ _____ (Make check payable to Department of Public Works).
- Copy of Sewer Reconstruction Fee payment receipt (City of Temple City Only)



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS
SEWER CLEARANCE CHECKLIST**

FINAL TRACT/PARCEL MAP NO. _____ **FINAL MAP DATED** _____

CLEARED BY _____ **CLEARED DATE** _____

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 (+ ½ 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"/> Provided Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Sewer Easements <input type="checkbox"/> Provided Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ Remaining balance of plan checking fee \$ _____ Remaining 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: _____