



# IRWD 1st Plan Check Digital Submission

**Date of 1st Submittal:** \_\_\_\_\_  
(xx/xx/20xx)

**Project Title:** \_\_\_\_\_  
(Provide Title of Improvement Plans)

**Type of System:**  Domestic  Sanitary  Recycled  NTS  
(Select all that apply)

**Project Address or Lot/Tract:** \_\_\_\_\_

Please designate a single Main Point of Contact.

**Main Point of Contact?**  YES

**Developer:** \_\_\_\_\_  
(if applicable)

**Developer Contact Name:** \_\_\_\_\_

**Developer**

**Contact Email:** \_\_\_\_\_

**Developer Contact Phone No.:** \_\_\_\_\_

**Main Point of Contact?**  YES

**Engineer:** \_\_\_\_\_  
(if applicable)

**Engineer Contact Name:** \_\_\_\_\_

**Engineer Contact**

**Email:** \_\_\_\_\_

**Engineer Contact Phone No.:** \_\_\_\_\_

**Alternate Main Point of Contact (if applicable)**

**Company:** \_\_\_\_\_  
(if applicable)

**Contact Name:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Contact Phone No.:** \_\_\_\_\_

**Project Type:**  Residential  Commercial  Meter Only  NTS  
(Select one)

Street Imp.  Temporary  Other: \_\_\_\_\_

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