CITY OF MENIFEE

ENGINEERING DEPARTMENT

FOR USE BY STAFF

Permit#: _____

Received Date: _____

LANDSCAPE PLAN CHECK APPLICATION

THIS FORM MUST BE SUBMITTED WITH FIRST PLAN CHECK

Project No: _____

Project Description: _____

Name of Owner: _____

Signature: _____ Phone #: _____

Mailing Address: _____ FAX number: _____

_____ Email Address: _____

Name of Applicant: _____ Contact: _____

Authorized Signature: _____ Phone #: _____

Mailing Address: _____ FAX number: _____

_____ Email Address: _____

I, the undersigned engineer, do verify that all the items necessary for this project are attached.

_____ _____

Signature Date

_____

Printed Name

_____

Firm Name

_____

Address

_____

Phone Number

_____

Email Address