



# LOS ANGELES COUNTY 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](mailto:wwwmaeng@dpw.lacounty.gov)

### MALIBU OFFICE

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

EMAIL: [wwwmaeng@dpw.lacounty.gov](mailto:wwwmaeng@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)