



EAST PALO ALTO SANITARY DISTRICT PLAN REVIEW SIGN OFF

Please present this form to the East Palo Alto Sanitary District office. Applicant must obtain a staff signature if **NO** plan review is required and return it to the Building Division. If a plan review is required, please present a copy of the approval letter to the Building Division once received.

East Palo Alto Sanitary District

901 Weeks Street
East Palo Alto, CA 94303
(650) 325-9021
www.epasd.com

Project Address: _____

Description of Project:

For EPASD Staff Use Only.

Please fill out the portion below if you **will not** be conducting a plan review for the stated project above. Please return to the applicant once completed.

Staff Name

Staff Signature

Date

Thank you!