



Log In Slip for Plan Submission

ALL SUBMITTALS MUST BE LOGGED IN OR THEY WILL NOT BE PROCESSED. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Date Received: _____

provide Maximo ID# if known

CPR #: _____

PPR #: _____

CCTV #: _____

APR #: _____

WSAL #: _____

Name of Project: _____

Project's Address: _____

Square: _____

Lot: _____

Premise: _____

Received Via:

In Person

Courier

Received from DCRA

Mail

Interoffice Mail

Received from DDOT

*Delivered by: _____

Phone: _____

1st submission (new project)

re-submission

Contents of Delivery: _____

Contact Person's Information (status can be obtained at www.dewater.com using Maximo ID# and contact's email address)

Engineer

Expeditor

Contractor

Owner

Other _____

Company's Name: _____

Agent (Contact Person): _____

Primary Phone: _____

Fax: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

E-mail: _____