



RESIDENTIAL

Email: _____ Fax #: _____

Most current cover sheet	One (1) set of full size (24"x36") Storm Plan/Grading Plan Sheets
All applicable revisions involving storm drainage systems	One (1) copy of most current Unit Price List
One (1) copy of Storm Profile Sheet	One (1) copy of the Storm Water Management Plan and Profile

(Printed Name) (Signature)

ILP # _____ Date Scheduled: _____

Calculated By: _____ RCPT: _____

Received/Emailed Date: _____ Site Inspection Area _____

100% Bonded Storm Sewer Pipe (per linear foot)		\$ 3.04
Minimum Fee <250LF		\$ 365.50
ROW - Underdrain UD4 - 10% per VDOT standard		\$ 3.04
TOTAL LINEAR FOOTAGE TO BE INSPECTED		
TOTAL AMOUNT DUE		