

Application for Drainage Plan Approval

TO: City of Plymouth
Sanitary Board of Trustees
124 N. Michigan Street
Plymouth, IN 46563
(574) 936-2124

APPLICANT: _____
(Street) _____
(City/State/Zip) _____
(Phone) _____

C/O: Director of Public Works &
Storm Water Superintendent
(574) 936-3614

PROPERTY OWNER: _____
(Street) _____
(City/State/Zip) _____
(Phone) _____

REQUIREMENT: This form must be completed and approved prior to the issuance of a building permit and/or construction or installation of any structure, building, site improvement, or combination thereof, which has a ground area of 4,000 square feet or greater located within the city limits of the City of Plymouth. This included drives, parking areas or other impervious or semi-impervious improvement.

Name of Project: _____ Address: _____

Type of Construction: Building; Residential Commercial Industrial
 Subdivision Street, driveway, parking lot
 Other improvement; specify _____

Size of Buildings: _____ Square feet of ground floor area _____

Lot Size: _____ (Square feet, acres)

Area of Paving: _____ Square feet of; Asphalt/concrete Stone/gravel

Total Coverage: _____ Square feet of impervious or semi-impervious surface area

Estimated start date of construction: _____ Estimated completion date: _____

Drainage outlet into County regulated drain?: Yes No If Yes attach County Drainage Board approval

Construction in Flood Hazard Area?: Yes No If Yes attach Ind. Dept. on Natural Resources approval

Approval requested: Preliminary Final Amendment to approved plan

Financial Guarantee: Type _____ Amount _____

Signature: _____ Date: _____

This application must be accompanied by plans and specifications prepared by an Indiana licensed professional engineer, architect, or land surveyor in accordance with the requirements of the City of Plymouth, Indiana, Storm Drainage and Sediment Control Ordinance.

THIS SECTION TO BE COMPLETED BY THE CITY OF PLYMOUTH

Scheduled date for consideration by the Sanitary Board of Trustees: _____ Time: _____

Disposition of Application: Approval Disapproval Conditional Approval (attached) Waivered

Financial Guarantee received on Date: _____ Amount: _____ Type: _____

Date approved by Sanitary Board of Trustees: _____

Signature of Storm Water Superintendent: _____ Date: _____