

**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: Sewer Superintendent  
(574) 936-3017

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. This includes drives, parking areas, and other impervious or semi-impervious improvements.

**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. of 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 requirement of the City of Plymouth, Indiana, Storm Drainage and Sediment Control Ordinance.

**THIS SECTION TO BE COMPLETED BY THE CITY OF PLYMOUTH**

Date received: \_\_\_\_\_

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

Financial Guarantee received on (date) \_\_\_\_\_ Amount: \_\_\_\_\_ Type: \_\_\_\_\_

Date approved by Sanitary Board of Trustees: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_