

CLARK COUNTY, INDIANA - Drainage Plan Review Application

Section 1: Project Information - to be completed by the applicant

Project Name: _____
Project Address: _____
City: _____ State: _____ Zip: _____
Subdivision Name: _____
Key Number: _____
Residential Subdivision _____ or Site Plan for Commercial Development _____ (please check)
If residential, how many lots? _____ How many acres? _____
If apartments, how many buildings? _____
Plan / Plat previously submitted? _____ (Y/N) If yes, Explain _____

Section 2: Contact information

Who is designated as the responsible entity for the land disturbing activity?

Property Owner _____ Developer _____ (please check)

Property Owner: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ email: _____

Developer: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ email: _____

Design Firm: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ email: _____

Contractor: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ email: _____

Date: _____