

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)
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: _____