

DELAWARE COUNTY ENGINEER'S OFFICE  
DRAINAGE PLAN APPLICATION FORM A

DATE FILED: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_

OWNER/DEVELOPER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF PERSON WHO PREPARED PLANS, PROFILES AND CALCULATIONS:

\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ ENGINEER \_\_\_\_\_ SURVEYOR \_\_\_\_\_ ARCHITECT

INDIANA REGISTRATION NUMBER: \_\_\_\_\_

ADDRESS OF LOCATION WHERE WORK IS TO OCCUR: \_\_\_\_\_

\_\_\_\_\_

LEGAL DESCRIPTION (insert or attach):

NAME OF PARTY TO BE RESPONSIBLE FOR CONSTRUCTION:

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME(S) OF PARTY TO BE RESPONSIBLE FOR MAINTENANCE AND FACILITIES AFTER  
CONSTRUCTION: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERMIT ISSUED: \_\_\_\_\_ YES \_\_\_\_\_ NO DATE: \_\_\_\_\_

REASONS FOR NONISSUANCE: \_\_\_\_\_

\_\_\_\_\_

AMOUNT OF PERMIT FEE PAID: \_\_\_\_\_

DATE OF DRAINAGE PLAN: \_\_\_\_\_

REVISIONS - DATES: \_\_\_\_\_

CERTIFICATE OF SUFFICIENCY OF PLAN  
FORM B

Permit Number: \_\_\_\_\_

Address of location where land alteration is occurring: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Drainage Plan: \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief as follows:

1. The drainage plan for this project is in compliance with drainage requirements as set forth in the Storm Drainage and Sediment Control Ordinance for Delaware County, Indiana, pertaining to this class of work.
2. The calculations, designs, reproducible drawings, masters and original ideas reproduced in this drainage plan are under my dominion and control and they were prepared by me and/or my employees.

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

Typed/Printed Name: \_\_\_\_\_

(Seal)

Business Address: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Engineer: \_\_\_\_\_ Architect: \_\_\_\_\_

Indiana Registration Number: \_\_\_\_\_

CERTIFICATE OF OBLIGATION TO OBSERVE  
FORM C

Permit Number: \_\_\_\_\_

Address, or location, where land alteration is occurring: \_\_\_\_\_  
\_\_\_\_\_

Date of Drainage Plan: \_\_\_\_\_

I will perform periodic observations of this project during construction to determine that such land alteration is in accordance with both the applicable drainage requirements and the drainage plan for this project submitted for a drainage permit to the County Engineer's Office of Delaware County, Indiana.

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

Typed/Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Seal)

Business Address: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Engineer: \_\_\_\_\_ Architect: \_\_\_\_\_

Indiana Registration Number: \_\_\_\_\_



CERTIFICATE OF COMPLETION AND COMPLIANCE  
FORM D

Permit Number: \_\_\_\_\_

Address, or location, of premises on which land alteration was  
accomplished: \_\_\_\_\_  
\_\_\_\_\_

Inspection Date(s): \_\_\_\_\_  
\_\_\_\_\_

Relative to plans prepared by: \_\_\_\_\_

Date of Drainage Plan: \_\_\_\_\_

I hereby certify that:

1. I am familiar with drainage requirements applicable to such land alteration as set forth in the Storm Drainage and Sediment Control Ordinance for Delaware County, Indiana; and
2. I have personally observed the land alteration accomplished pursuant to the above referenced drainage permit; and
3. To the best of my knowledge, information and belief such land alteration has been performed and completed in conformity with all such requirements except: \_\_\_\_\_  
\_\_\_\_\_

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

Typed/Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Seal)

Business Address: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Engineer: \_\_\_\_\_ Architect: \_\_\_\_\_

Indiana Registration Number: \_\_\_\_\_