

## BUILDING LOT DRAINAGE REVIEW PERMIT

## PART 1: OWNER & SITE INFORMATION

Owner Name:	
Site Address:	
/ailing Address (if different):	
Daytime Phone: Email:	
Auditor's Parcel ID#: Parcel Acres:	
PART 2: BUILDER INFORMATION	
Builder Name: Email:	
Builder Mailing Address: Office Phone:	
Site Supervisor/Contact: Phone:	
PART 3: BUILDING ACTIVITY	
Mark only one activity per application form	
Residence Accessory Structure Pool Solar Commerce	ial
Addition Deck Other (Describe)	
PART 4: COMMERCIAL DEVELOPMENTS ONLY	
Development Name:	
lave plans been submitted to the County Engineer for review? Yes No	
f Yes, please provide "DEV" #: Site Engineer:	
Engineer Phone: Engineer Email:	

## This application will expire one year from the date this permit is received by the SWCD.

*I, the undersigned, certify that the information submitted above is complete and accurate to the best of my knowledge. I further acknowledge that:* 

Should this review find no foreseeable impacts to the existing surface and subsurface drainage, it will be my responsibility to contact the Delaware Soil and Water Conservation District should any existing drainage be damaged or otherwise disturbed during construction and prior to the issuance of my occupancy permit.

2. SWCD staff may access this property in accordance with Delaware County Building Code § 401, as amended.

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 Provide a plot plan and/or sketch including the building activity proposed to be completed in addition to this completed application. Applicant shall also update the SWCD of any changes or amendments to the proposed building activity and the effect it may have on the plot plan and/or sketch.

Date