



DEVELOPMENT ENGINEERING DIVISION CCR-GENERAL APPLICATION

Site Information:

Parcel ID #'s:

Project Name: _____ LAND #: _____

Description of Project:

Address/Location:

Future Land Use: _____ Total Acreage: _____

Owner Information: _____ Billing Contact

Owner: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Civil Engineer Information: _____ Billing Contact

Applicant: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Architect Information: _____ Billing Contact

Applicant: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: _____ Date: _____

Signature: _____

Additional Contacts :

Cash Deposit Contact: (As shown on the check)

Company: _____ Contact: _____
 Address: _____ City: _____ State: _____
 Phone: _____ Email: _____

Contact Type: _____
 Company: _____ Contact: _____
 Address: _____ City: _____ State: _____
 Phone: _____ Email: _____

Contact Type: _____
 Company: _____ Contact: _____
 Address: _____ City: _____ State: _____
 Phone: _____ Email: _____

Project Type: (check one only)

<input type="checkbox"/> Large Commercial (more than 1 acre)	<input type="checkbox"/> Mixed Use
<input type="checkbox"/> Small Commercial (less than 1 acre)	<input type="checkbox"/> Multi-Family <input type="checkbox"/> # of Units
<input type="checkbox"/> Short Plat (9 Lots or Less)	<input type="checkbox"/> Single Family (residential only)
<input type="checkbox"/> Plat (10-25 Lots)	
<input type="checkbox"/> Plat (26 or More Lots)	

Plans Submitted Are For: (check one only)	Plans Include : (Check all that Apply)		
<input type="checkbox"/> On-Site Improvements	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer	<input type="checkbox"/> Stormwater
<input type="checkbox"/> Off-Site Improvements	<input type="checkbox"/> Street (Frontage Imp)	<input type="checkbox"/> Side Sewer in ROW	<input type="checkbox"/> Street Lights
<input type="checkbox"/> Both on-site and off-site improvements	<input type="checkbox"/> Grading	<input type="checkbox"/> Traffic Control	

Project Details:

Number of Lots (needed for plats, short plats, & BSP)	_____ lots
Land Area Cleared/Disturbed (sq. ft.)	_____ (sq. ft.)
Total Impervious Surface (sq. ft.)	_____ (sq. ft.)
Amount of Material Moved (cubic yards)	_____ (c.y)
Amount of New Impervious Surface (sq. ft.)	_____ (sq. ft.)
Amount of Replaced Impervious Surface (sq. ft.)	_____ (sq. ft.)
Amount of New Pollution Generating Surface (sq. ft.)	_____ (sq. ft.)
Water Main Length (lineal feet)	_____ (l.f.)
Sewer Main Length (lineal feet.)	_____ (l.f.)
Estimate of Utility Special Appurtenances	\$ _____