

Application For Approval Of An On-Site Sewage Disposal Plat Plan

A Plat Plan is a diagram of a property detailing the information of a given property and the proposed use for the property. A plat plan includes, but is limited to: a legal description of the property boundaries, road frontage, any existing structures, or proposed structures, their physical location on the property as well as their intended use. Any associated utilities, easements, and proposed primary and secondary on-site sewage disposal system locations including property line set back requirements. This plat plan is being submitted in accordance with Rule 410 IAC 6-8.1 and Dearborn County Sewage Disposal Ordinance 6-1985.

APPLICANT INFORMATION

Name:	Phone:
Address:	

PROPERTY OWNER INFORMATION

Name:	Phone:
Address:	

LEGAL DESCRIPTION OF PROPERTY

Site Road:	Township:
Parcel Number:	Acreage:
Location:	

REQUIRED ELEMENTS

The following are considered minimum requirements as required on plat plan submittals. Failure to provide the necessary information may result in plat plan rejection. Please be further advised that plat plan submittal and acceptance is required prior to any consideration of on-site sewage disposal system site sketch submittal or review.

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|----|---|-----------|--------------------|
| 1) | Direction of geographic north noted | YES _____ | NO _____ |
| 2) | Property boundaries identified | YES _____ | NO _____ |
| 3) | Existing or Proposed structure locations identified including distances from property lines | YES _____ | NO _____ |
| 4) | Utility services, including, but limited to, water, gas, electric, or phone lines | YES _____ | NO _____ |
| 5) | Recorded easements identified | N/A _____ | YES _____ NO _____ |
| 6) | Primary & Secondary On-site Sewage Disposal System areas identified | YES _____ | NO _____ |
| 7) | On-site Sewage Disposal Systems meet minimum setback requirements | YES _____ | NO _____ |

As applicant, I understand that the information and plat plan are being submitted in accordance with Rule 410 IAC 6-8.1-33, and that as applicant I am responsible for the accuracy and completeness of the information provided.

Applicant Signature	Date of Signature	Environmental Health Specialist	Date of
Acceptance			

*** This review may take several days ***