

Acceptance Criteria Checklist

Applicant		Documents	City Received	
Yes	No		Yes	No

- | | | | |
|--------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Plan Sheets –
(8 copies plus CD) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Cover Sheet | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Notes and Details | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing Conditions | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Erosion and
Sediment Control | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Grading | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Road Plan and
Profile | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Utility Plans (water,
sanitary and storm) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Street Lighting | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Channelization (i.e.
signalization) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Landscape Plan
(2 copies) | <input type="checkbox"/> |

Technical Information Report (TIR) – (2 copies)

- | | | | |
|--------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Stormwater Site
Plan Report (Bound,
indexed, & tabbed) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical Areas Report
(If applicable) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> |

Checked in by : _____

Date: _____

Office Use Only:

Submittal Date: ____/____/____ Civil Permit No: ____-____-____ Related Case No: ____-____

Applicant must include this completed form with the initial application submittal.

Civil Construction Permit Application

OWNER

Name: _____ Address: _____

Contact No: _____ City: _____

Email: _____ State, Zip: _____

APPLICANT

Name: _____ Address: _____

Contact No: _____ City: _____

Email: _____ State, Zip: _____

ENGINEER / ARCHITECT

Name: _____ Address: _____

Contact No: _____ City: _____

Email: _____ State, Zip: _____

CONTRACTOR

Name: _____ Address: _____

Contact No: _____ City: _____

Email: _____ State, Zip: _____

Site Information

Project Name: _____	P - _____
Site Address: _____	Parcel No: _____
_____	Zoning: _____

Site Information

Project Type:

- Commercial/ Medical/ Multi- Family
- Improvements associated with the Building Permit
- Residential; Single Family/ Duplex
- Residential Short Plat
- Residential Subdivision
- Frontage Improvements
- Other

Short Plat:

- Short Plat is recorded
- Short Plat is not recorded

Review Fees

Plan review and record drawing review fee:

- Commercial/ Multi- Family/ Major Plat/Short Plat \$670.00
- Off-site, water/ sewer/ storm main extension/ grease interceptor/ oil separator \$560.00

Plan review plus \$200 record drawing review fee:

- Clearing only \$70.00
- 0-50 cubic yards \$130.00
- 51-100 cubic yards \$240.00
- 101-1,000 cubic yards \$510.00
- 1,000-10,000 cubic yards \$760.00
- 10,001-100,000 cubic yards \$1,000.00
- +100,000 cubic yards \$1,240.00

CERTIFICATION:

I certify that I have read this application and declare that the info contained herein is correct and complete.

Signature of Applicant: _____ Date: _____

Print Name: _____