

DRAINAGE INFORMATION SHEET

PROJECT TITLE: HORIZON NURSING CENTER ZONE ATLAS/DRAINAGE FILE # K-15/D50

LEGAL DESCRIPTION: _____

CITY ADDRESS: _____

ENGINEERING FIRM: BOVA/McGINTY INC. CONTACT: PAT CONLEY

ADDRESS: 3125 CARLISLE PHONE: 884-0700

OWNER: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

ARCHITECT: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

SURVEYOR: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

CONTRACTOR: _____ CONTACT: _____

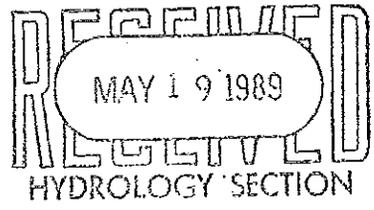
ADDRESS: _____ PHONE: _____

PRE-DESIGN MEETING:

YES

NO

COPY OF CONFERENCE RECAP SHEET PROVIDED



DRB NO. _____

EPC NO. _____

PROJECT NO. _____

TYPE OF SUBMITTAL:

- DRAINAGE REPORT
- DRAINAGE PLAN
- CONCEPTUAL GRADING & DRAIN PLAN
- GRADING PLAN
- EROSION CONTROL PLAN
- ENGINEER'S CERTIFICATION

CHECK TYPE OF APPROVAL SOUGHT:

- SECTOR PLAN APPROVAL
- SKETCH PLAT APPROVAL
- PRELIMINARY PLAT APPROVAL
- SITE DEVELOPMENT PLAN APPROVAL
- FINAL PLAT APPROVAL
- BUILDING PERMIT APPROVAL
- FOUNDATION PERMIT APPROVAL
- CERTIFICATE OF OCCUPANCY APPROVAL
- ROUGH GRADING PERMIT APPROVAL

DATE SUBMITTED: 5/19/89

BY: [Signature]

GRADING/PAVING PERMIT APPROVAL

OTHER _____ (SPECIFY)