

DRAINAGE INFORMATION SHEET

PROJECT TITLE: HORIZON NURSING
CENTER

ZONE ATLAS/DRAINAGE FILE #

K-15/D50

LEGAL DESCRIPTION: _____

CITY ADDRESS: _____

ENGINEERING FIRM: BOVAH / McGINTY INC.CONTACT: PAT CONLEYADDRESS: 3125 CARLISLEPHONE: 884-0700

OWNER: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

ARCHITECT: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

SURVEYOR: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

CONTRACTOR: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

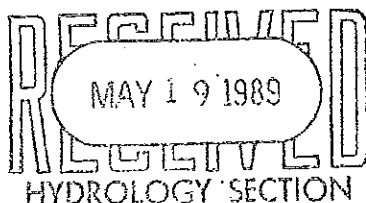
PRE-DESIGN MEETING:

☒

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

☒

GRADING/PAVING PERMIT APPROVAL

☐

OTHER _____ (SPECIFY)

DATE SUBMITTED: 5/19/89BY: [Signature]