

APPLICATION FOR PLAN REVIEW/ROUTING
CITY OF AUBURN, INDIANA

THIS PAGE TO BE COMPLETED BY THE APPLICANT

OFFICE USE

Logos No.: _____

Routing Date: _____

Department of Building, Planning and Development

Ph: 260-925-6449 Fax: 260-920-3342 E-Mail: bpd@ci.auburn.in.us

210 South Cedar Street, P.O. Box 506, Auburn, Indiana 46706-0506

Office Hours: 8:00 a.m. to 4:00 p.m. Monday thru Friday (except holidays)

GENERAL INFORMATION AND REQUIREMENTS

1. Submit the completed application and all plans to the Department of Building, Planning and Development office.
2. The Plan Review/Routing date for a project will be determined as to the date of submittal to our office (time frame for review requires 1-1/2 to 2 weeks for review by City Departments).
3. Contact all other agencies that may have utilities in or ETJ/other jurisdictions over the property.
4. Fire-suppression plans: Three (3) complete sets of full-size plans (Building, Water and Fire Departments to review these plans).

PROJECT TYPE (check all that apply) Industrial Commercial Multi-Family Residential One or Two-Family Residential

Planning/Zoning/Common Council/Board of Public Works and Safety-Infrastructure

- Annexation Rezoning Primary Plat Secondary Plat Development Plan Parking Lot / Access
- Variance from the Board of Zoning Appeals Floodplain/Way/Fringe
- Infrastructure Plans-Board of Public Works and Safety As-Built/Infrastructure Plans- BOPW&S MS4 (Storm)
- Encroachment of Easement or City Property CC – Vacation of Public Right of Way
- Utility Services Agreement-BOPW&S Sanitary Sewer Connection (out of city limits) - BOPW&S
- Water Tap Connection (out of city limits) BOPW&S Water Well Permit
- Other _____

Building/Fire/Utilities

- Construction Plans Foundation Plans Fire-Suppression Plans Underground /Above Tanks
- Brownfield/Remediation project Other: _____

PROJECT Name _____
Project Location/Address _____

PROJECT Contact _____ Phone _____
Address _____ Email _____

PROPERTY OWNER _____ Phone _____
Address _____ Email _____

DEVELOPER _____ Phone _____
Address _____ Email _____

ARCH/Eng/Surveyor _____ Phone _____
Address _____ Email _____

DESCRIBE PROJECT: (subdivision, size & # of buildings, # of lots, height of buildings, location information, etc.)

ESTIMATED Start Date _____ **Completion Date** _____

OFFICE USE Original Received _____ by _____ 1st Rev. Received _____ by _____
2nd Rev. Received _____ by _____ 3rd Rev. Received _____ by _____