

PROJECT NAME _____

APPLICATION FOR NEW CARLISLE PLANNING BOARD REVIEW

Please Print Legibly

1. TODAY'S DATE _____

2. Your Name _____

3. Your Telephone Number (Area Code): _____
Fax #: _____

4. Your Company Name: _____

5. Your Mailing Address: _____

6. Your City/State/Zip Code: _____

7. Name of Your Client or Project: _____
Project Address: _____

8. Client Contact Name: _____

9. Client Contact Telephone Number: _____
Fax #: _____

10. Client's Mailing Address: _____

11. Client's City/State/Zip Code: _____

12. Type of Plan: Subdivision Preliminary Plan Final Plat Site Plan Review
 Conceptual Plan Replat Lot Split Request for Zoning Amendment
 Special Use Home Occupation Other: _____

13. Describe: _____

14. Certification: I, _____, hereby swear (affirm) that I am the property owner or am properly authorized by the property owner to file this application for review. I further certify that this application and the attached plans and specifications are not a first draft product and represent the actual proposal for which I seek approval. I have investigated the New Carlisle Regulations and hereby certify that to the best of my knowledge, these plans conform to the pertinent requirements.

15. Your Signature: _____

Received by: _____ Date: _____

Fee Paid _____ \$ _____

PROJECT NAME _____

THE PROPOSED USE

Describe: _____

Number of employees, seats, etc. _____

BUILDING INFORMATION

Height in Feet: _____ Building Footprint Area _____

Number of Building Floor Levels _____

Total Building Floor Area _____

Boundary Clearances: Front Setback _____ Rear Yard _____

Left Side Yard _____ Ride Side Yard _____ Other _____

Other Building Information: _____

Flood Plain: Is there any designated Flood Plain on this property associated with this request?

DOMESTIC WATER

Size of Service Requested: _____

Basis for Design: _____

Water Service Details: _____

Fire Service: _____

Landscape Irrigation: _____

SANITARY SEWER SERVICE

Size of Service Requested: _____

Basis for Design: _____

Special Pre-Treatment:

Location, Connection: _____

Sanitary Service Details: _____

STORM WATER MANAGEMENT

Storm Water Detention Plan: _____

Storm Water Retention Plan: _____

Outlet to: _____

100 Yr. Storm Calculations: _____

1 Yr. Storm Calculations: _____

Total Quantity of Detention Proposed: _____

Storm Piping Details: _____

FEMA Flood Zone __A__ __B__ __C__ Flood Zone Details _____

PARKING LOT DESIGN

Type and Thickness of Paving: _____

Total Number of Spaces _____ # Handicapped Accessible Spaces _____

Minimum Size Parking Space: _____

Minimum Width of Aisle: _____

Number and Type of Truck Loading Spaces: _____

Parking Lot Layout:

Driveway Width: _____ Ft. Driveway Details: _____

EXTERIOR AND PARKING LOT ILLUMINATION

Lumens: _____

Basis for Design: _____

Number of Exterior Lights: _____

Types: _____ Floodlights _____ Pole Mounted _____ "Shoebox" _____ Building Mounted

Lighting Details and Fixture Information _____

LANDSCAPING

See Plan on Sheet No. _____

Width and Type of Landscaping Along Streets: _____

Width and Type of Perimeter Landscaping: _____

Total Area and Type in Parking Lot Interior: _____

Percentage of Interior Landscaping Compared to Paved Area: _____

Adjacent Uses: N _____ S _____ E _____ W _____

Type and Width of Buffer Landscaping Along Property Lines: _____

Irrigation? _____ Total Number of New Trees: _____

Size, Type, and Number of Old Trees Saved: _____

Total Number of New Bushes, Shrubs: _____

Percentage of Landscaped/Lawn Area Compared to Lot Area: _____

OTHER PERTINENT INFORMATION - Attach additional sheets as needed.

