

FRANKFORT SEWER DEPARTMENT

Application for Plan Review

Level of Plan Submission

- Exploratory Sketch Plan
- Preliminary Plan
- Record Plan
- Revised Plan

Plan Type

- Major Land Development
- Minor Land Development
- Re-subdivision
- Site
- Utility

Type of Development

- Residential
- Commercial
- Industrial

1) Name of Plan _____
Former Plan Name _____
(if applicable)

2) Name of Legal Property Owner _____ Telephone _____
If legal owner is a business entity, name of responsible employee acting for the business

Name of Legal Property Owner _____ Telephone _____
If legal owner is a business entity, name of responsible employee acting for the business

Address _____

City/State/Zip Code _____

3) Name of Applicant _____ Telephone _____
If legal owner is a business entity, name of responsible employee acting for the business

Address _____

City/State/Zip Code _____

4) Firm or Person Responsible for the Preparation of the Plan (Professional Engineer):

Name and Title _____

Firm _____

Address _____

City/State/Zip Code _____

Telephone _____ Fax _____

Email _____

5) Other information:

MANDATORY PLAN SUBMISSION DATA
() Residential
() Non-Residential
Site Acreage: _____
Disturbed Acreage: _____
Number of Lots: _____
Estimated Number of Pumps: _____
Estimated Sanitary Sewer Flow: _____ (GPD)
Building Footprint: _____ (if applicable)
Length of Sewer: _____

Signature of Professional Engineer

Print Name

License Number

Date

- | | | |
|--|------------------------------|-----------------------------|
| Plan Review Fee (\$250) attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participating in Cost Recovery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If applicable, Cost Recovery Fee (\$150) attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: PLAN REVIEW WILL NOT BEGIN UNTIL ALL APPLICABLE FEES ARE PAID