



City of Muncie – Dept. of Public Works
5790 W Kilgore Av. Muncie, IN 47304
Telephone: 765-747-4878 Fax: 747-4794

CERTIFICATE OF SUFFICIENCY OF PLAN

Permit Number _____

Address where land alteration is occurring

Plan Date _____

I hereby certify that to the best of my knowledge and belief:

- (1) The drainage plan for this project is in compliance with drainage requirements (as set forth in the Storm Drainage Sediment Control Ordinance for the City of Muncie, Indiana) pertaining to this class of work
- (2) The calculations, designs, reproducible drawings, masters and original ideas reproduction in this drainage plan are under my dominion and control and they were prepared by me and my employees.

Signature _____ Date _____

Typed/Printed Name _____

(SEAL)

Business Address _____

Surveyor _____ Engineer _____ Architect _____

Indiana Registration Number _____

All drainage plans submitted under this SECTION to the City Engineer’s Office must include a Certificate of Obligation to Observe by a registered professional engineer, land surveyor or architect engaged in storm drainage design. The certificate shall be in the following form:



City of Muncie – Dept. of Public Works
5790 W Kilgore Av. Muncie, IN 47304
Telephone: 765-747-4878 Fax: 747-4794

CERTIFICATE OF OBLIGATION TO OBSERVE

Permit Number _____

Address where land alteration is occurring

Plan Date _____

I will perform periodic observations of this project during construction to determine that such land alteration is in accordance with both the applicable drainage requirements and the drainage plan for this project submitted for a drainage permit to the Office of the City Engineer of the City of Muncie, Indiana.

Signature _____ Date _____

Typed/Printed Name _____

Phone Number _____

(SEAL)

Business Address _____

Surveyor _____ Engineer _____ Architect _____

Indiana Registration Number _____

Within ten (10) days after the completion of a land alteration for which a drainage permit was required and relative to which a certified plan was required to be filed pursuant to this SECTION, a registered professional engineer, surveyor or architect engaged in storm drainage design, shall execute and file with the City Engineer’s Office a Certificate of Completion and Compliance. Such certificate shall be in the following form:



City of Muncie – Dept. of Public Works
5790 W Kilgore Av. Muncie, IN 47304
Telephone: 765-747-4878 Fax: 747-4794

CERTIFICATE OF COMPLETION AND COMPLIANCE

Permit Number _____

Address of premises on which land alteration was accomplished

Inspection Date(s) _____

Permit Number _____

Relative to plans prepared by _____

On Date _____

I hereby certify that:

- (1) I am familiar with drainage requirements applicable to such land alteration (as set forth in the Storm Drainage and Sediment Control Ordinance of the City of Muncie, Indiana); and
- (2) I have personally observed the land alteration accomplished pursuant to the above-referenced drainage permit; and
- (3) To the best of my knowledge, information and belief such land alteration has been performed and completed in conformity with all such drainage requirements, except.

Signature _____ Date _____

Typed/Printed Name _____ Phone Number _____

(SEAL)

Business Address _____

Surveyor _____ Engineer _____ Architect _____

Indiana Registration Number _____



City of Muncie – Dept. of Public Works
5790 W Kilgore Av. Muncie, IN 47304
Telephone: 765-747-4878 Fax: 747-4794

MUNCIE CITY ENGINEER’S OFFICE

DRAINAGE PLAN PERMIT APPLICATION FORM A

DATE FILED: _____ PERMIT #: _____

OWNER/DEVELOPER: _____

ADDRESS: _____ PHONE NUMBER: _____

NAME OF PERSON WHO PREPARED PLANS, PROFILES AND CALCULATIONS

LEGAL DESCRIPTION (insert or attach)

NAME OF PARTY TO BE RESPONSIBLE FOR CONSTRUCTION: _____

ADDRESS: _____ PHONE NUMBER: _____

NAME(S) OF PARTY TO BE RESPONSIBLE FOR MAINTENANCE OF ACTIVITIES AFTER CONSTRUCTION:

ADDRESS: _____ PHONE NUMBER: _____

PERMIT ISSUED: _____ YES _____ NO DATE: _____

REASONS FOR NONISSUANCE: _____

Area of land altered in acres _____ X \$20.00 per acre = (permit fee) \$ _____
\$ 20.00 Minimum
\$200.00 Maximum

DATE OF DRAINAGE PLAN: _____

REVISIONS – DATES: _____

FORM A – RETURN TO ENGINEER’S OFFICE
WORK SHALL NOT BE COMMENCED UNTIL ALL PLANS ARE APPROVED, FEES PAID, AND PERMIT ISSUED