Hamilton County Highway Department

APPLICATION FOR PROJECT REVIEW

Developer Information

Company Name: _____
Address: _____
_____
City: _____ State: _____ ZIP: _____
Phone #: _____ Fax#: _____
email: _____
Contact Person: _____
Title: _____

Engineer / Surveyor / Architect Information

Company Name: _____
Address: _____
_____
City: _____ State: _____ ZIP: _____
Phone #: _____ Fax#: _____
email: _____
Contact Person: _____
Title: _____

Project Information

Project Name: _____ Section(s): _____
Adjoining road name: _____ Hamilton County Map Grid: _____
Nearest Intersection: _____
Number of Lots: _____ Number of road miles: _____ Will sewers be regulated? ◯ YES ◯ NO ◯ UNKNOWN
Planning jurisdiction of project: _____ Township: _____
Is this a new project?: ◯ YES ◯ NO If NO, enter HCHD Project #: _____

Type of Review(s) Requested

Determination of Jurisdiction Review	No Fee		
Primary Plat Review	$400 x _____ (# of sections)	=	$ 0
Secondary Plat Review	$400 x _____ (# of sections)	=	$ 0
Construction Plan Review	$500 x _____ (# of sections)	=	$ 0
Small (<5 lots) Subdivision Review (combined Primary & Secondary plat with no new roads)	$100 x _____ (# of sections)	=	$ 0
Variance Review	$100 x _____ (# of sections)	=	$ 0
	Total Fee		**$ 0**

Signature of Applicant: _____ Date: _____

Printed Name and Title: _____

Note:

1. All Correspondence regarding this project should reference the HCHD project # *(except initial application)*
2. Make check or money order payable to the ***"Hamilton County Treasurer"*** *(cash not accepted)*
3. Submit fees, applications, plans and / or plat to:
   Hamilton County Highway Department
   ATTN: Staff Engineer
   1700 South 10th St.
   Noblesville, IN 46060
4. All sections of this must be completely filled out and fee paid for reveiw to be made.

FOR OFFICE USE ONLY

Check: _____

Receipt #: _____

Reviewed By: _____

Review Date: _____

RECEIVED DATE