

A.

16 S. 10th Street, Suite 150 Noblesville, IN 46060 phone: 317-776-6325 www.cityofnoblesville.org/planning

CHECKLIST - REPLAT OR PLAT VACATION APPLICATION

| A. APPL | .ICA | NT SUBMITTAL REQUIREMENTS: |
|---------|------|---|
| | A c | ompleted application form, including notarized signatures of owner(s) and applicant(s); |
| | | PLAT: A check in the amount of \$300 plus \$35 per lot for residential plats or \$400 plus \$65 per lot for non-residential ts. PLAT VACATION: A check in the amount of \$300 plus \$35 per lot. |
| | | e (1) complete set of the proposed scaled drawings (no larger than 34" by 44"), and one (1) reproducible 11" by 17" wing, to include the following: |
| | | Graphic scale (no smaller than 40 feet to 1 inch), north arrow and date, |
| | | Name of the subdivision |
| | | Land Surveyor and Professional Engineer registration number and stamp, |
| | | Area to be removed or changed shall be highlighted and a written explanation of the change included. |
| | | Dimensions of all boundary lines of the property expressed in feet and hundreths of a foot; the bearings of all lines to a minimum of one-half minute. |
| | | Location, width or size of existing streets, easements, water bodies, and other pertinent features such as swamps, railroads, buildings, parks, cemeteries, drainage ditches, tree preservation areas, bridges and culverts. |
| | | Location of wetlands, including total area and type. |
| | | Location of floodplains, indicating the floodway line and base flood elevation. |
| | | Locations, dimensions and areas of all proposed or existing lots, including dimensions of all lot lines expressed in feet and hundredths of a foot; bearings of all lines to a minimum of one-half minutes; and lots consecutively numbered and blocks lettered in alphabetical order; |
| | | The name and address of the owner of land to be subdivided; the name and address of the subdivider, if other than the owner; and the name and address of the land surveyor or engineer. Also a citation of the last instrument number conveying the title to each parcel of property involved, giving grantor, grantee, date and land record reference. |
| | | Indication of the use of any lot (single-family, two-family, multi-family, etc.) and all uses other than residential proposed by the subdivider. |
| | | The plat shall include notations to the explanation of drainage easements, site easements, reservation and/or the endorsement of owner with date and signature. |
| | | A block or space shall be set aside on the secondary plat to include the signatures of the Plan Commission President, Plan Commission Secretary, Board of Public Works and/or Board of County Commissioners, and the Director of Planning and Development. |
| A1. SUF | PLE | MENTAL SUBMITTAL REQUIREMENTS FOR REPLATS: |
| | | The plat (paper copy only) shall have incorporated all modifications as previously required by the Plan Commission or members of the Technical Advisory Committee and the approved primary plat and may constitute only that portion of the overall primary plat which the subdivider proposes to record and develop at this time, provided that such portion conforms to the Unified Development Ordinance and adopted primary plat. |
| | | Accurate dimensions of any property to be dedicated or reserved for public, semi-public or community use. Common Open Space Documents (mark and provide documentation) |
| | | a. conveyed to a municipal or public corporation |
| | | ${}^{\circ}$ b. conveyed to a not-for-profit corporation or entity established for the purposes of benefiting the owners and tenants of the subdivision or adjoining property owners |
| | | C. guaranteed by restrictive covenants describing the open space and its maintenance and improvements |

Sheet 1 of 4 01/2011

| | | other applicable standards. |
|--------|------|--|
| | | Restrictions of all types, which will run with the land and become covenants in the deeds with the lots |
| | | Profiles, typical cross sections, location, specifications and other explanatory data for the installation of sanitary and storm sewers or private well and septic systems, roads, and water distribution |
| | | Certification seals and signatures as required for the dedication of land and recording of the plat as set forth in the Unified Development Ordinance, Noblesville Standards or as required by the County as per jurisdiction. |
| | | Four (4) copies of the Drainage report for Planning, Engineering, County Surveyor and MS4. |
| | | Location of all proposed and existing monuments |
| | | Location and width of all proposed streets, easements, alleys, and other public ways, and proposed street rights-of-way and building setback lines. |
| A2. SU | PPLE | MENTAL SUBMITTAL REQUIREMENTS FOR PLAT VACATIONS: |
| | | Location of all existing monuments. |
| | | Location and width of all streets, easements, alleys, and other public ways, and proposed street rights-of-way and building setback lines. |
| B. PRO | CESS | SING: |
| | 1 | Application shall be date stamped on the date received |

В

- Application shall be date stamped on the date received. 1.
- 2. The application will be presented to the Technical Advisory Committee. Modifications as requested by the TAC or staff shall be incorporated into the final drawing.
- 3. The posting of bonds for infrastructure improvements shall be required. Contact the Engineering Department.
- 4. Three (3) mylars with signatures of owners and surveyors shall be submitted for acceptance by either the Board of Public Works and/or the Hamilton County Commissioners.

C. FEES:

- REPLAT: A fee of \$300 plus \$35 per lot for residential plats or \$400 plus \$65 per lot for non-residential plats 1. shall be paid when the application is submitted. PLAT VACATION: A fee of \$300 plus \$35 per lot.
- 2. The TAC filing fee (separate check) is due with the submittal of the TAC application and associated documentation.

| Number of Sheets | Review Fee |
|---------------------------|------------|
| 1 to 20 | \$1,325.00 |
| 21 to 40 | \$1,590.00 |
| 41 to 60 | \$1,855.00 |
| 61 to 80 | \$2,120.00 |
| Each additional 20 sheets | \$265.00 |

D. FOR INFORMATION & QUESTIONS:

City of Noblesville, Indiana Department of Planning & Development 16 South 10th Street, Suite 150 Noblesville, IN 46060 Phone: (317) 776-6325

Fax: (317) 776-4638

www.cityofnoblesville.org/planning



NOBLESVILLE PLANNING DEPARTMENT

16 S. 10th Street, Suite 150 Noblesville, IN 46060 phone: 317-776-6325 www.cityofnoblesville.org/planning

APPLICATION - REPLAT OR PLAT VACATION

APPLICATION NUMBER:

| Q | ☲ |
|----------|-----------|
| Ξ | 0 |
| Ţ. | se |
| S | \supset |
| ţ | e |
| a | £ |
| _ | 7 |
| | |

| 1. PROPERTY INFORMATION | | | | | |
|---|-------------------------|---------------|---------------------|--------------|------|
| Select One: Plat Vacation | Replat | | | | |
| Property location: | | | | | |
| Exisiting/Proposed name of subdivision plat: Section No: | | | | |): |
| 16-digit parcel ID: | | | | Acreage: | |
| Township Name: | Section #: | Township #: | | Range #: | |
| Present Zone District: | Proposed Zone District: | | Existing Land Us | e: | |
| Proposed open space %: | Acreage of open space: | Miles of p | oublic dedicated st | reets (new): | |
| 2. APPLICANT INFORMATION | | | | | |
| Applicant's name: | | | | | |
| Applicant's address: | City: | | State | e: | Zip: |
| Phone: | Fax: | Email add | dress: | | |
| 3. OWNER INFORMATION | | | | | |
| Property owner's name: | | | | | |
| Property owner's address: | City: | | State | e: | Zip: |
| Phone: | Fax: | Email add | dress: | | |
| 4. ATTORNEY INFORMATION | | | | | |
| Company name: | | Contact Name: | | | |
| Attorney's address: | City: | | State | e: | Zip: |
| Phone: | Fax : | Email add | dress: | | |
| 5. ENGINEER INFORMATION | | | | | |
| Company name: | | Contact Name: | | | |
| Engineer's address: | City: | | State: | : | Zip: |
| Phone: | Fax: | Email add | dress: | | |

| 6. SURVEYOR INFORMAT | TION | | | | |
|--|--|-----------------------------------|--------|------|---|
| Company name: | | Contact Name: | | | |
| Surveyor's address: | City | : | State: | Zip: | |
| Phone: | Fax: | Email address: | | | |
| 7. PROJECT CONTACT | | | | | |
| Contact Name: | | | | | |
| Phone: | Fax : | Email address: | | | |
| 8. ATTEST & SIGNATURE | SS | | | | |
| County of Hamilton) I attest that all of the above that any materially false, r | SS: e information is true and correct to the nisleading, or incomplete statement of nd/or revocation of my request. | | | | |
| Signature of Owner* (REQU | TIRED) | Name printed | | | _ |
| Signature of Applicant | | Name printed | | | _ |
| | be obtained on the application, then a notarize knowledge of the proceedings is required at | ed | | | |
| | Subscribed and Sworn to before | me thisday of | | , 20 | |
| | | Signature of Notary | | | |
| | | Name Printed | | | |
| | | My commission expire | es on | , 20 | |
| | Subscribed and Sworn to before | (Owners Signature) me thisday of | | , 20 | |
| | | Signature of Notary | | | |
| | | Name Printed | | | |
| | | My commission expire | | , 20 | |
| | | (Applicant Signature) | | | |