

## DEARBORN COUNTY PLAN COMMISSION

County Administration Building, Suite 300, 215B West High St., Lawrenceburg, IN 47025  
Phone (812) 537-8821 Fax (812) 532-2029 E-mail: [planning@dearborncounty.in.gov](mailto:planning@dearborncounty.in.gov)

### *Certified Survey Review Instructions*

#### ◆ **CERTIFIED SURVEY REVIEW APPLICATION**

All individuals requesting a Certified Survey Review must complete an application form, which will be used to determine the location of the request, type of request and person(s) who are making the request. It is important that the application is completed accurately, and in its entirety. The applicant is responsible for all the information that is given.

#### ◆ **CERTIFIED SURVEY PROCEDURE**

The provisions for Certified Survey Review and approval are intended to provide a convenient and expeditious process for the conveyance or transfer of land from the parent tract as described in definition section of this Ordinance. Property can be divided through this procedure if it falls into the categories identified within Section 200, Administrative Subdivision of Land. Each lot intended for building or development purposes must still meet the minimum standards in each zoning district as stated on the Dearborn County Zoning Map and in the Dearborn County Zoning Ordinance. This type of plat is intended to allow the division of a single lot from a larger tract for building purposes and for the casual sale of property, including the sale of property for non-buildable lots, when the imposition of the Major or Minor Subdivision procedure would be unnecessary. Certified Surveys may be submitted at any time to the Planning Department for Staff review and approval.

#### ◆ **CERTIFIED SURVEYS REQUIREMENTS**

All individuals who are requesting a Certified Survey Review must meet the following standards, in addition to any other requirements that are defined by the Dearborn County Zoning Ordinance & Subdivision Regulations.

Certified Surveys are intended to graphically represent the information of a boundary survey of property that is to be subdivided. The plat shall conform to the following requirements, as well as those set forth in 865 IAC 1-12, commonly known as 'Indiana Rule 12':

1. Date, north arrow, and standard engineering scale not less than one inch equals two hundred feet (1"= 200'), unless approved by the Planning Department Staff. Plats shall be at a size of 18" x 24" on mylar drawn in ink;
2. Name, address, telephone number and seal of the Indiana Registered Land Surveyor responsible for the survey Plat and the Land Surveyor's Certificate (Article 7, Certificate A);
3. Boundary of the parcel and Subdivision of that parcel, including bearings and distances of each tangent course, and all necessary data for curve courses. The traverse that the boundary is depended on shall meet the Indiana minimum standards, and if requested by the Planning Department, closure documentation shall be submitted in addition to the plat;
4. Area in acres of the parent parcel and each Subdivision of the parcel. If a parcel falls in two different townships, sections, or quarter sections, separate acreage's shall be listed;
5. Location and names of public or private right-of-ways that adjoin the boundary, and whether the road is maintained or abandoned;
6. Encroachments discovered in the course of the survey;
7. Names of adjacent property owners, deed record and page number\*, and recorded Subdivisions with section or phase number. \*Instrument numbers may be supplied for any parcels established after 2000;

8. Vicinity Map with an accurate scale, at a township level;
9. Statement by the applicant as to whether the transfer will be used, or is being used, for building or non-building purposes, and label this with bold letters on the parcel;
10. A description of the size, character, and location—including the location relative to the surface of the ground—of all monuments, with notations indicating which were found and which were set;
11. Current zoning of the subject property;
12. The Property Parcel Map Number (#) that the new lot is being divided from;
13. Existing structures and distances to the newly established property lines;
14. Show the location and dimensions of a cemetery if it exists on the site;
15. Label and show the boundaries of the designated flood zone, if they exist on the site;
16. Show utility easements and road frontage;
17. Variances and/or covenants if applicable;
18. Reference to source of title;
19. Reference to Section, Township, Range and Political Township;
20. Owner's Certificate (Article 7, Certificate B-1, B-2 or D) and Certificate for Plan Commission approval (Article 7, Certificate C), Certificate of the Dearborn County Recorder and Auditor (Article 7, Certificate E & H);
21. For Subdivisions that involve a new Individual Sewage Disposal System, two (2) test sites for the primary and secondary septic site locations shall be indicated on the plat as described in Section 2526 of the Dearborn County Zoning Ordinance. The following statement shall also appear on the plat:
  - a. "The recording of this plat provides no guarantee that the designated location for the test sites will receive a permit for an Individual Sewage Disposal System from the Dearborn County Health Department. The information contained herein does not confirm whether or not this land division interferes with the performance of an existing sewage disposal system. A permit for an Individual Sewage Disposal System will be required prior to any construction."

If the Subdivision is not intended to be developed immediately, or test sites for the primary and secondary septic sites have not been selected, the following statement shall appear on the plat:

- b. "At the time of this plat, test sites for an Individual Sewage Disposal System have not been located. The information contained herein does not confirm whether or not this land division interferes with the performance of an existing sewage disposal system. A permit for an Individual Sewage Disposal System will be required from the Dearborn County Health Department prior to construction, at which time it will be required to locate primary and secondary septic sites. **THE APPROVAL OF THIS PLAT PROVIDES NO GUARANTEE THAT A PERMIT FOR AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM WILL BE ISSUED BY THE DEARBORN COUNTY HEALTH DEPARTMENT.**"

In either of the aforementioned scenarios, the property owner must attest that to his or her knowledge, the proposed land division does not interfere with the performance of an existing individual sewage disposal system (See Certificate B-1 or D.) Individual sewage disposal systems that are situated on remainder (parent) tracts where the following general conditions are present will not be required to locate a secondary septic site:

- a) Remainder tracts must be equal to, or larger than, five (5) acres
- b) Remainder tracts must contain significant areas with slopes of less than, or equal to, fifteen percent (15%)
- c) Remainder tracts must be located substantially outside of an identified flood hazard area
- d) There must not be any existing violations or citations involving these properties with the Dearborn County Health Department

22. For Subdivisions that are intended to be developed immediately, a sight distance study shall be performed. The location of the future access point shall be indicated on the plat with the following statements. Existing access points should also have the following notes but may not be required to meet the sight distance requirements. A waiver can be granted if a documented sight distance study has been previously performed by the Planning Director or Designee.

- a. "The recording of this plat provides no guarantee that the designated location for the access point will receive sight distance approval from the Dearborn County Plan Commission."
- b. On \_\_\_\_ Day of \_\_\_\_\_, 200\_\_ there are \_\_\_\_\_ feet of sight distance in the (easterly, westerly, northerly, southerly) direction and \_\_\_\_\_ feet of sight distance in the opposite (easterly, westerly, northerly, southerly) direction measured to meet the minimum sight distance requirements of Article 24, Section 2410 of the Dearborn County Zoning Ordinance.

If the Subdivision is not intended to be developed immediately, or a sight distance study has not been performed, the following statements shall appear on the plat:

- a. Upon visual inspection there are approximately \_\_\_\_\_ feet of sight distance in the (easterly, westerly, northerly, southerly) direction and approximately \_\_\_\_\_ feet of sight distance in the opposite (easterly, westerly, northerly, southerly) direction. (If multiple sections of sight distance exist, each section must be denoted on the plat.)
- b. "At the time of this plat, a sight distance study has not been performed. A sight distance study will have to be performed by an Indiana registered Professional Engineer or Land Surveyor in accordance with the Major Plot Plan Review process prior to construction of new access points. **THE APPROVAL OF THIS PLAT PROVIDES NO GUARANTEE THAT THIS PARCEL WILL MEET THE MINIMUM SIGHT DISTANCE REQUIREMENTS AS ESTABLISHED BY THE DEARBORN COUNTY PLAN COMMISSION.**"

23. A Surveyor's Report and Legal Description of the property;

24. When a parcel adjoins an existing public street, a minimum width of one-half the right-of-way shall be required in the form of an easement and shown on the plat along the entire lot frontage (s) as detailed in Table 3.1.

25. The following statement shall also appear on the plat:

"This plat shall be void if not recorded within three (3) months of the survey certification date, as stipulated in Indiana Rule 12."

◆ **REQUIRED SIGNATURES**

All Certified Surveys that are submitted to Dearborn County for review must have an Owner's Certificate & Surveyor's Certificate that are *signed by the appropriate people on the mylar and both copies*. The original survey must be notarized before it can be submitted for review.

*All requirements must be met before the Survey can be reviewed, which includes a survey that illustrates the described conditions, the specified number of copies, a completed application and the appropriate fee paid in full. Any questions regarding a primary division of land should be directed to the Dearborn County Planning & Zoning Office at (812) 537-8821*

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***Certified Survey Review Application***

◆ **OWNER OF PROPERTY**

Name:	Daytime Phone: (     )     -		
Address:	Street Address	City	State     Zip Code

◆ **APPLICANT**

Name:	Daytime Phone: (     )     -		
Address:	Street Address	City	State     Zip Code

◆ Is the Site Subject To Any of The Following? *If so, please specify the date of action by board.*  
 Special Exception      Variance      Zone Change     Date \_\_\_\_\_

◆ Description of Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ **SITE**

Parcel Map#		Subdivision:		Lot #
Location:		Zoning District:	# of lots in division:	
Township Name:		Section:	Township:	Range:
Parent Parcel: <i>(acres)</i>	Lot 1: <i>(acres)</i>	Lot 2: <i>(acres)</i>	Lot 3: <i>(acres)</i>	Remainder: <i>(acres)</i>

- ◆ Review Fee is \$60.00 (for each reviewed lot).
- ◆ Have you submitted two (2) copies of each survey being reviewed?      Yes      No
- ◆ I have read and understand the Certified Survey Review Instructions.      Yes      No

*As applicant, I understand that this application and survey(s) are being submitted in accordance with the Dearborn County Zoning Ordinance & Subdivision Regulations, and that I am responsible for the accuracy and completeness of the application and survey. I understand that incomplete or inaccurate information may result in delay or denial of the request.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Property Owner's Signature*

\_\_\_\_\_  
*Date*

***Review of Certified Surveys shall take 10 WORKING DAYS from the date of submittal. Please call the Dearborn County Planning & Zoning Office to verify status of application at (812)537-8821. All information must be complete to process the survey.***

**DEARBORN COUNTY CERTIFIED SURVEY REVIEW APPLICATION**

◆ **SECTION B** (To be completed by the Dearborn County Plan Commission Staff)

1. Receipt # \_\_\_\_\_ Staff Initials: \_\_\_\_\_

2. Number Of Copies Received \_\_\_\_\_

3. Is The Application Complete?  Yes  No

4. Staff Recommendation Staff Reviewer's Signature: \_\_\_\_\_

- APPROVED
- APPROVED WITH CONDITIONS (See #5)
- DENIED (See #6)

5. Conditions Of Approval \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Reasons For Denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_