VAN BUREN COUNTY DRAIN COMMISSIONER

APPLICATION TO CROSS OR PARALLEL A COUNTY DRAIN

NAME OF DRAIN: _____

APPLICANT:

Company: _____

Address: _____

_____

Phone: ( ) _____

Representative: _____

Owner ( ) Agent ( )

Applicant agrees to abide by current rules and specifications of the Van Buren County Drain Commissioner's Office (the Owner), and to hold the Owner and the named Drainage District harmless in the event of injury to persons, lands, and properties sustained during the permitted activity. Applicant agrees to promptly reimburse the Owner for costs incurred to defend against any action brought against the Owner or District by an aggrieved party resulting from the permitted activity. **$50.00 Fee**

Signature: _____ Date: _____

ACTIVITY (describe):

_____

_____

_____

LOCATION:

City/Village _____ Township _____ Section: _____

(Describe location to nearest section line and quarter post)

_____

_____

ATTACHMENTS (check):

_____ Construction Plans _____ Other (name):

(Office Use Only)

Reviewed by _____

Approved by _____ Date: _____

Bond: Y ( ) N ( )

Amount: $ _____

Surety: _____

Expiration Date: _____

Owner's Protective Policy: Y ( ) N ( )

Date _____

Surety: _____

Final Inspection and Approval

By: _____ Date: _____

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