

**LENAWEE COUNTY DRAIN COMMISSIONER'S OFFICE APPENDIX M**

320 Springbrook Avenue. Adrian Michigan 49221 (517)264-4696 Fax: (517)264-4785

**DRAIN IMPROVEMENT/CONSTRUCTION APPLICATION**

<b>PERMIT#</b>	<b>DRAIN NAME:</b>
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Permit applied for by:  Owner  Contractor

<b>OWNER INFORMATION</b>			
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:
<b>CONTRACTOR INFORMATION</b>			
NAME:		COMPANY NAME:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:			
<b>SITE LOCATION</b>			
SECTION:	TOWNSHIP:	CITY:	VILLAGE:
STATION:		TO STATION:	
<b>PROPOSED ACTIVITY OR TYPE OF CONSTRUCTION</b>			
Road Commission Permit Required: <input type="checkbox"/> NO <input type="checkbox"/> YES			
PARTY RESPONSIBLE FOR WORK:			PHONE:

<b>Fee Schedule:</b>	Approximate start date: _____
Permit Fee \$100.00	Number of days for construction: _____

The Drain Commissioner's Office **must be** contacted before work commences and when work is completed for final inspection. Bond amount will be set by the Drain Commissioner.

Cash Bond will be released after final inspection and approval.

I (we) affirm that the above information is accurate and that I (we) will conduct the described activity or construction in accordance with the general construction specifications of the Lenawee County Drain Commissioner, its corresponding rules, applicable local ordinances and the agreements accompanying this application.

\_\_\_\_\_  
Contractor Signature/Date

\_\_\_\_\_  
Owner Signature/Date

**OFFICE USE ONLY**

APPLICATION REVIEWED BY:	Date:	
AUTHORIZED SIGNATURE:	Date:	
ISSUE DATE:	EXPIRATION DATE:	TOTAL DAYS:
PERMIT AMOUNT \$	BOND AMOUNT \$	

