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

PERMIT#	**DRAIN NAME:**

Permit applied for by: □ Owner □ Contractor

OWNER INFORMATION			
NAME:	ADDRESS:		
CITY:	STATE:	ZIP:	PHONE:
CONTRACTOR INFORMATION			
NAME:	COMPANY NAME:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:			
SITE LOCATION			
SECTION:	TOWNSHIP:	CITY:	VILLAGE:
STATION:	TO STATION:		
PROPOSED ACTIVITY OR TYPE OF CONSTRUCTION			
Road Commission Permit Required: □ **NO** □ **YES**			
PARTY RESPONSIBLE FOR WORK:		PHONE:	

Fee Schedule:
Permit Fee $100.00

Approximate start date:_____
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 $	