

<b>APPLICATION FEE: \$ 100 PER LOCATION</b> <b>DEPOSIT: \$500</b> <i>Additional costs for engineering and legal expenses may be required.</i>	Berrien County Drain Commissioner Berrien County Administration Center 701 Main Street St Joseph, MI 49085 (269)983-7111 Ext. 8261
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**APPLICATION TO PERFORM WORK IN A COUNTY DRAIN  
AND/OR COUNTY DRAIN EASEMENT**

**PROJECT INFORMATION**

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

MAJOR CROSSROADS: \_\_\_\_\_

TOWNSHIP/CITY/VILLAGE: \_\_\_\_\_ PARCEL ID#(s): \_\_\_\_\_

DRAIN NAME: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

*The application must be accompanied by a parcel legal description and a set of site plans showing the drain, the drain easement, and the proposed work. The plans shall include a detailed, scaled plan, profile, and sectional view of the drain where work is proposed and for the full width of the easement. Plans must be sealed by a professional engineer licensed in the State of Michigan unless otherwise agreed to by the Drain Commissioner.*

**APPLICANT INFORMATION**

CONTACT NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ENGINEER INFORMATION**

ENGINEER NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CONTRACTOR INFORMATION**

CONTACT NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*I, the undersigned, in applying for a permit for performing work in a county drain and/or county drain easement, agree to abide by the terms and conditions outlined in the Permit, and certify that I have legal authority to perform Work in the proposed location for which the Permit will serve/or I am the Permittee's authorized agent.*

Applicant/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_