

**APPLICATION FEE: \$ 300**

**DEPOSIT: Determined by Drain Commissioner**

*Additional costs for engineering and legal expenses may be required.*

Berrien County Drain Commissioner  
Berrien County Administration Center  
701 Main Street  
St Joseph, MI 49085  
(269)983-7111 Ext. 8261

**APPLICATION FOR ENCROACHMENT IN COUNTY DRAIN EASEMENT**

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

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

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

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

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

DESCRIPTION OF ENCROACHMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The application must be accompanied by a parcel legal description, and the exact name(s) of the Owners, and a set of site plans showing the drain, the drain easement, and the proposed encroachment. 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 unless waived by the Drain Commissioner. Plans must be sealed by a professional engineer licensed in the State of Michigan unless otherwise agreed to by the Drain Commissioner unless waived by the Drain Commissioner.*

**APPLICANT INFORMATION**

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

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

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

*I, the undersigned, in applying for permission to encroach within a county drain easement, agree to abide by the terms certify that I have legal authority to perform Work in the proposed location for which the Drain Easement will be encroached /or I am the Owner's authorized agent.*

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