

DRAINAGE CONNECTION PERMIT APPLICATION

To be completed by DOT

Drainage Connection Permit Application No. _____ Date _____
 Received By _____ Maintenance Unit _____
 State Road No. _____ Construction Project No. _____
 Section No. _____ Station _____
 Milepost _____ FROM _____ TO _____

To be completed by Applicant

Applicant's Name: _____
 Address: _____ () _____
 STREET TELEPHONE NO.
 CITY COUNTY STATE ZIP
 Project Name: _____
 Location: _____
 STREET SR. NO. US HWY NO. CITY
 COUNTY SECTION(S) TOWNSHIP(S) RANGE(S)
 Brief Description of Activity Proposed: _____

Briefly Describe Why This Activity Requires a Drainage Connection Permit: (Include Where the Stormwater Will Discharge)

NOTE: Rule Chapter 14-86.004 specifies the exact data requirements which constitute a complete application. This form must be submitted with all the required items in quadruplicate. These include:

- Affidavit of Ownership or Control
- Legal Description
- Statement of Contiguous Interest
- Computations
- Certification
- Photographs of Existing Conditions
- Location Map
- Grading Plan
- Soil Borings
- Water Table/Percolation
- Permit Form 592-13

Please mark items which have been submitted

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS COMPLETE, ACCURATE, AND INDICATIVE OF THE ACTIVITY AND OF THE EXISTING AND PROPOSED DRAINAGE/STORMWATER MANAGEMENT FEATURES AND PATTERNS.

APPLICANT _____ **(SIGN)**

NAME (MAILING ADDRESS) STREET
 CITY STATE ZIP
 DATE _____ () TELEPHONE

If this application is signed by a representative of the applicant, a letter of authorization from the permittee must be attached.