



# DEARBORN COUNTY TRANSPORTATION & ENGINEERING

County Highway Building, 10255 Randall Avenue, Aurora, IN 47001

Phone (812)655-9394

Fax (812)655-9424

Website: [www.dearborncounty.org](http://www.dearborncounty.org)

PERMIT #

RECEIPT #

## DRIVEWAY PERMIT

Driveway Type (Please check the items that apply...)

|                          |             |                          |            |                          |                                 |
|--------------------------|-------------|--------------------------|------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Residential | <input type="checkbox"/> | Commercial | <input type="checkbox"/> | <b>Other (*Specify*):</b> _____ |
|--------------------------|-------------|--------------------------|------------|--------------------------|---------------------------------|

Driveway Surface (Please check the items that apply...)

|                          |          |                          |         |                          |        |                          |                                 |
|--------------------------|----------|--------------------------|---------|--------------------------|--------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Concrete | <input type="checkbox"/> | Asphalt | <input type="checkbox"/> | Gravel | <input type="checkbox"/> | <b>Other (*Specify*):</b> _____ |
|--------------------------|----------|--------------------------|---------|--------------------------|--------|--------------------------|---------------------------------|

### \*\*COUNTY HIGHWAY STAFF SECTION\*\*

|  |   |
|--|---|
| Department of Transportation & Engineering                       |   |
| Required Culvert Size:   | Culvert must be double wall plastic or corrugated metal     |
| <u>Driveway Installation Requirements:</u>                       |   |
| <br>   |   |
| <b>Driving Directions (Nearest Address / Road intersection):</b> |   |
| <br>   |   |
| <u>Notes:</u>  |   |
|  | <hr/> Highway Department Official                      Date |



### DRIVEWAY PERMIT APPLICATION NOTICE:

I shall be responsible for the protection of the public and all utilities within the public right-of-way and to any and all installation in, and around, said pavement openings. If work done under this permit involves or endangers structures belonging to others, I shall immediately notify the adjacent property owner(s). At all times during the progress of the work, I shall provide adequate protection and passage for the traveling public. I must fill all pavement openings if they are to be left unattended. I understand that maintenance of the culvert is my responsibility--not the Dept. of Transportation & Engineering--in the event that the pipe becomes non-functioning for any reason. If this is a new driveway, I shall place 2 white flags marked "proposed driveway" at the edge of the road where the driveway is to physically connect with the county road. I understand that the Building Department, to ensure compliance of this permit, will do a final inspection of the driveway. A certificate of occupancy will NOT be issues unless the inspection passes. This permit may at any time be revoked or annulled by the transportation department for non-performance and / or noncompliance. Violations of, or noncompliance of said regulations are subject to penalties provided by law.

As applicant, I attest that I have received and reviewed the 'Open Driveway Profile' for proper driveway installation.



**DEARBORN COUNTY PLAN COMMISSION**

County Administration Building, Suite 300, 215B West High St., Lawrenceburg, IN 47025  
Phone (812)537-8821 Fax (812)532-2029 Website: [www.dearborncounty.org](http://www.dearborncounty.org)



PERMIT #

RECEIPT #

LOCATION IMPROVEMENT PERMIT

SITE PLAN REVIEW

Applicant / Contractor Information

|                       |             |              |                 |
|-----------------------|-------------|--------------|-----------------|
| Name:                 |             | Phone No:    |                 |
| Address:              |             |              |                 |
| <i>Street Address</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |

Owner Information (if different from above)

|                       |             |              |                 |
|-----------------------|-------------|--------------|-----------------|
| Name:                 |             | Phone No:    |                 |
| Address:              |             |              |                 |
| <i>Street Address</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |

Site Information

|                |          |                   |        |          |
|----------------|----------|-------------------|--------|----------|
| Location:      | Section: | Township (#): ( ) | Range: | Acreage: |
| Property Map # | Zoning:  | Subdivision:      | Lot:   |          |

Water & Sewer Facilities (Please check the items that apply...)

|                          |       |                          |        |                          |              |                          |      |                          |         |
|--------------------------|-------|--------------------------|--------|--------------------------|--------------|--------------------------|------|--------------------------|---------|
| <input type="checkbox"/> | Sewer | <input type="checkbox"/> | Septic | <input type="checkbox"/> | Public Water | <input type="checkbox"/> | Well | <input type="checkbox"/> | Cistern |
|--------------------------|-------|--------------------------|--------|--------------------------|--------------|--------------------------|------|--------------------------|---------|

Existing Use (Please check the items that apply...)

|                          |             |                          |             |                          |                          |
|--------------------------|-------------|--------------------------|-------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Vacant Land | <input type="checkbox"/> | Residential | <input type="checkbox"/> | Other (*Specify*): _____ |
|--------------------------|-------------|--------------------------|-------------|--------------------------|--------------------------|

Proposed Improvement(s) (Please check the items that apply...)

|                          |                            |   |                       |                          |         |                   |
|--------------------------|----------------------------|---|-----------------------|--------------------------|---------|-------------------|
| <input type="checkbox"/> | Single Family Residence    | Dimensions: ____'- ____" x ____'- ____"     |                       |                          |         |                   |
| <input type="checkbox"/> | Mobile Home                | Height: ____ feet                           | Square Footage: _____ |                          |         |                   |
| <input type="checkbox"/> | Addition                   | Driveway width at road: ____ feet           |                       |                          |         |                   |
| <input type="checkbox"/> | Pole Barn / Shed           | <b>PLANNING &amp; ZONING STAFF SECTION:</b> |                       |                          |         |                   |
| <input type="checkbox"/> | Attached / Detached Garage |   |                       |                          | Needs   | Received ↓        |
| <input type="checkbox"/> | Swimming Pool              |   |                       |                          | Health  | City / Town       |
| <input type="checkbox"/> | Other (*Specify*): _____   |   |                       |                          | Highway | Developer / POA   |
| <input type="checkbox"/> | FIRM Map #:                |   |                       |                          | BZA     | State (ex. flood) |
| Flood Hazard Area?       |                            | Y   | N                     | Sight Distance Notes OK? |         |                   |
|                          |                            | Y   | N                     |                          |         |                   |

**\*\*NEW ADDRESS:** \_\_\_\_\_

As applicant, I understand that this application and site plan are being submitted in accordance with: the Dearborn County Zoning & Subdivision Control Ordinances, Title 9 of the Dearborn County Code of Ordinances, and the 'DRIVEWAY PERMIT APPLICATION NOTICE' found on the next page of this application. I understand that I have no more than ninety (90) days to complete this permit request. I further acknowledge that incomplete or inaccurate information submitted on my behalf may result in the delay or denial of this application. I hereby grant permission for the Dearborn County staff to enter onto the premises to inspect this site to process and complete this permit request.

**X**  
\_\_\_\_\_  
Applicant's Signature Date

**X**  
\_\_\_\_\_  
Planning Official's Signature Date