



**PERMIT APPLICATION FOR CONSTRUCTION**

State Form 42946 (R6 / 2-05)  
 Approved by the State Board of Accounts, 2005

Mail To: **Department of Natural Resources Division of Water**  
 402 West Washington Street, Room W264  
 Indianapolis, Indiana 46204-2641  
 Telephone Number: (317) 232-4160  
 Toll Free: 1-877-928-3755  
 Fax Number: (317) 233-4579  
 www.IN.gov/dnr/water

Based on the "Permit Application Assistance Manual", I am submitting this application to perform work under:

Permit Type	Application Fee	Permit Type	Application Fee
<input type="checkbox"/> IC 14-26-2 Lake Preservation Act	\$ 100.00	<input type="checkbox"/> IC 14-29-3 Sand and Gravel Permits Act	\$ 50.00
<input type="checkbox"/> IC 14-26-5 Lowering of the Ten Acre Lake Act	\$ 25.00	<input type="checkbox"/> IC 14-29-4 Construction of Channels Act	\$ 100.00
<input type="checkbox"/> IC 14-29-1 Navigable Waterways Act	No Fee		
<input type="checkbox"/> IC 14-28-1 Flood Control Act, (select one of the following:) <ul style="list-style-type: none"> <li><input type="checkbox"/> Excavation, fill, or non-residential construction in a floodway</li> <li><input type="checkbox"/> Residential reconstruction in a floodway, other than the Ohio River floodway</li> <li><input type="checkbox"/> Residential construction, or reconstruction, in the Ohio River floodway</li> </ul>			
			\$ 200.00
			\$ 50.00
			\$ 10.00

**PLEASE TYPE OR PRINT**

**1. APPLICANT INFORMATION**

Name of Applicant \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_  
 Street, P.O. Box or Rural Route City State ZIP Code

Contact Information: Daytime Tele. # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**2. AGENT INFORMATION**

Name of Agent \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

Agent Mailing Address \_\_\_\_\_  
 Street, P.O. Box or Rural Route City State ZIP Code

Contact Information: Daytime Tele. # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**3. PROPERTY OWNER INFORMATION**

Name of Property Owner \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

Property Owner Mailing Address \_\_\_\_\_  
 Street, P.O. Box or Rural Route City State ZIP Code

Contact Information: Daytime Tele. # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship of applicant to property:  Owner  Purchaser  Lessee Other \_\_\_\_\_

**4. PUBLIC NOTICE (See Permit Application Assistance Manual)**

Complete and submit SF # 52086 titled "Adjacent Property Owners Listing - Form N-4: Affirmation of personal service, 1<sup>st</sup> class mail service, or certified mail service

**5. PROJECT DESCRIPTION 5.1 Description Narrative: (See Permit Application Assistance Manual)**

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<b>6. PROJECT LOCATION</b>		
6-1 Location Narrative: <i>(See Permit Application Assistance Manual)</i> Stream/Lake Name:		
6-2 Driving Directions: <i>(See Permit Application Assistance Manual)</i>		
6-3 Special Information: <i>(See Permit Application Assistance Manual)</i>		
6-4 Project Location Map: <i>(See Permit Application Assistance Manual)</i>		
6-5 Project Site Map: <i>(See Permit Application Assistance Manual)</i>		
<b>7. DISTURBED AREA DRAWING</b>		
7-1 Drawing Requirements: <i>(See Permit Application Assistance Manual)</i>		
<b>8. PROJECT PHOTOGRAPHS</b>		
8-1 Images: <i>(See Permit Application Assistance Manual)</i>		
8-2 Photo Orientation Map: <i>(See Permit Application Assistance Manual)</i>		
8-3 Photo Documentation: <i>(See Permit Application Assistance Manual)</i>		
<b>9. RELATED PROJECT INFORMATION</b>		
<b>Department of Natural Resources</b>		
Administrative Cause #	Related Application(s) #	Early Coordination #
Floodplain Analysis/Regulatory Assessment #	Violation #	Exemption #
<b>Department of Environmental Management</b>		
Section 401 #		
<b>Corps of Engineers</b>		
Public Notice #	Section 404 Application #	Section 10 Application #
<b>10. STATEMENT OF AFFIRMATION</b>		
<p>I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is to the best of my knowledge and belief, true, accurate and complete. I further certify that I possess the authority to undertake the project. I hereby grant to the Department of Natural Resources, the right to enter the above-described location to inspect the work.</p>		
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Signature of Applicant or Authorized Agent (REQUIRED)</b>		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date (month, day, year)</b>
<b>11. REGULATORY FEES</b>		
11-1 Regulatory Fees Submitted: <i>(See Permit Application Assistance Manual)</i>		
11-3 Payment Method: <i>(See Permit Application Assistance Manual)</i>		
<b>REQUIREMENT FOR ADDITIONAL INFORMATION AND PERMITS</b>		
<p>Application made to and approval granted by the Department of Natural Resources does not in any way relieve the applicant of the necessity of securing easements or other property rights, permits and approvals from affected property owners and other local, state, and federal agencies.</p>		