

# Permit Application Information



**\*\*Please complete this form and present it to each department TO COPY.**

## Applicant / Contractor Information

Name:	Phone number:		
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

## Owner Information (if different)

Name:	Phone number:		
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

## Project Description:

## Site Location:

Township:	Subdivision:	Lot #
Location:	Zoning District:	Acreage:
18-digit Property Parcel Map #		

## Permit Checkpoints:

215B West High Street  
Lawrenceburg, IN 47025

### **PERMIT CHECKPOINT # 1: Approval for on-site sewage disposal systems & sewer connections**

Health Department

Phone: (812) 532-3223

Fax: (812) 537-6302

Website: <http://envirohealth.tripod.com/>

### **PERMIT CHECKPOINT # 2: Approval for driveways & road improvements**

Transportation & Engineering Department

Phone: (812) 537-8820

Fax: (812) 537-8736

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

### **PERMIT CHECKPOINT # 3: Approval for the use, location, and height of improvements**

Planning & Zoning Department

Phone: (812) 537-8821

Fax: (812) 532-2029

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

### **PERMIT CHECKPOINT # 4: Approval to construct buildings, remodel, add electric, plumbing, etc.**

Building Department

Phone: (812) 537-8822

Fax: (812) 537-8778

# Transportation Department



Permit # \_\_\_\_\_

**Driving Directions to Site:**

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**Driveway Proposal:**

Type of Driveway (Check one): Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

Pavement Type (Check one): Concrete \_\_\_\_\_ Asphalt \_\_\_\_\_ Gravel \_\_\_\_\_

Driveway Width: \_\_\_\_\_ feet wide at road

Size of Culvert Required: \_\_\_\_\_ (Culvert must be double wall plastic or corrugated metal)

Additional Driveway Installation Requirements: (Asphalt apron required, ditch work, etc)

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\_\_\_\_\_  
Highway Department Official

\_\_\_\_\_  
Date

Receipt # \_\_\_\_\_

**Please read the permit application information on the back of this page and provide your signature and the date to complete this form.**



**TRANSPORTATION PERMIT APPLICATION NOTICE:**

I hereby agree to all terms, conditions, and restrictions written or printed below, the Dearborn County Zoning and Subdivision Control Ordinances (including Article 24, Sections 2430 and 2432) and any highway ordinances passed by the County Commissioners (see Title 9).

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, the permit holder shall provide adequate protection and passage for the traveling public.

All pavement openings must be filled if they are to be left unattended.

I understand that maintenance of the culvert is my responsibility and not the county transportation department in the event that the pipe becomes non-functioning for any reason.

The building department, to ensure compliance of this permit, will do a final inspection of the driveway. A certificate of occupancy will NOT be issued 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.

The applicant shall allow 5-7 working days for inspection by the transportation department.

If this is a new driveway, the applicant 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.

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

**Please make all checks payable to the Dearborn County Treasurer.**

<b>Applicant's Signature:</b>	<b>Date:</b>
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