

APPLICATION TO WORK IN COUNTY ROAD RIGHTS OF WAY PERMIT NO. _____

Spencer County Highway Dept.
920 E. CR 800 N.
Chrisney, IN 47611

INSTRUCTIONS:

1. Form must be completely filled out using a typewriter or printed in black ink. Any non-applicable blanks must be marked N/A.
2. Contact Spencer County Superintendent for questions concerning this application.
3. A clear, detailed plan sheet must accompany this application. The drawing must show the R/W, edge of road, all construction details, driveways, field entrances, easements and other significant features within or immediately adjacent to the R/W. The plan must show distances to the nearest intersecting roads, dimensions of all construction and have a legend for all symbols used. Failure to include all of the above will result in the denial and return of your application.
4. The permit bond amount is based on the type and amount of work being authorized by this permit. Contact the Spencer County Highway Superintendent for the specific amount. The beneficiary on the permit bond shall be the **"Board of Spencer County Commissioners, Spencer County, Indiana"**.
5. Permit fee shall be check or money order made payable to the "Spencer County Treasurer." Cash can not be accepted. When complete, mail or hand deliver this signed application, along with the permit fee, permit bond and detailed plan to the above address, "Attention: County Highway Superintendent"

Underground construction, grading, trenching or excavation parallel to the road.....	_____ ft. @ \$70/400 ft. = _____	
Bores or pushes under the roadway.....	_____ bores @ \$50/ ea. = _____	
Placement/removal of poles/overhead	_____ ft. @ \$100/ 1000 ft. = _____	
Tap pit (Includes a directly adjacent bore or push at no additional fee	_____ tap pits @ \$50/ ea. _____	
Open cut across a County Road Right-of-Way.....	_____ ft. @ \$5/ft. or minimum of \$100 _____	
Check or Money Order No. _____	Total Permit Fee = _____	
Bond Company: _____	Bond Amount: \$ _____	Bond# _____

Applicant's Name: _____

Mailing Address: _____ P.O. Box No. _____

City: _____ State _____ Zip _____

Phone No. _____ Contact Person: _____

Project Owners Name _____

Phone No. _____ Fax _____

Project Location (Must be described in reference to centerlines of streets in feet) _____

Project Purpose _____

I hereby certify that I have the authority to bind the above named applicant and the owner of the facilities being installed under this permit to the terms, conditions and requirements of this permit. I certify that I, the applicant and all persons performing the work authorized by those permit understand all requirements of the Ordinance adopted by the Board of Commissioners and will abide by all of requirements and conditions. I further certify that I, the applicant and any persons performing work authorized by this permit will not make any changes in work from the approved plan and permit without receiving written permission from the Spencer County Board of Commissioners. The applicant and I agree to pay all attorney's fees, court cost and other damages or costs incurred by Spencer County in enforcing the Ordinance or which are a result of litigation incurred by the County as a result of this permit. The applicant, the owner of the facilities being installed under this permit and I understand that in the event Spencer County determines that any of the facilities installed under this permit need to be repaired, relocated or removed from the right-of-way, that the owner or any subsequent owner of the facilities agrees to maintain, relocate or remove these facilities in a timely manner at no cost to Spencer County or its successors. The applicant and I agree that the commencement of work covered by this permit will serve as our acceptance of all terms, conditions and requirements of the approved permit.

Signature Date _____

Printed Name Title _____

DO NOT WRITE IN THIS SECTION- FOR DEPARTMENT USE ONLY:

County Highway Superintendent _____ Date _____

This Permit is Approved:

- As submitted
- Subject to the attached conditions
- Subject to the changes noted on the plans

Comments: _____

Commissioners Meeting Date of Approval: _____

Commissioner Signature _____

Commissioner Signature _____

Commissioner Signature _____