



Crossing Permit Request Instructions



Hendricks County Surveyor's Office
355 S. Washington St., Ste 170
Danville, IN 46122
317-745-9237

Step 1: Fill out and submit application. Include plans/drawing with crossing specifications.

- Please include the crossing type, parcel number for each property if more than one property is involved, and additional information as requested.

Step 2: Submit payment (check or cash) with application.

Crossing Request (per crossing)	Residential & Farms	\$250
	Commercial, Industrial & Utilities (not in shared easement)	\$500

Fees are non-refundable.

A \$25.00 Recording Fee must be submitted with this request (Checks Made out to the Hendrick County Recorder's Office)

Step 3: Submit notarized letter(s) from property owner(s) if applicable.

- If the applicant is crossing private property that is not owned by the applicant, a notarized letter granting permission is required.

Step 4: Contact the Surveyor's Office within 72 hours of project completion/backfill.

- Failure to contact the Surveyor's Office prior to project completion may result in penalties and additional work on site.

By submitting an application for a crossing permit, you are requesting permission to cross a county regulated drain. You acknowledge that the crossing must conform to the Hendricks County Stormwater Technical Standards and Indiana Code. Failure to comply will result in penalties in accordance with Indiana Code and the Hendricks County Surveyor's Office.

Name of Applicant (print) _____

Signature _____ **Date** _____



**Crossing Permit Request
Application**
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PROJECT

Project Type (check one) ☐ Utility ☐ Individual ☐ Commercial

Project Name _____ **Legal Drain Name** _____

Project Street Address _____ **City/State** _____

Parcel Number 32- _____ **Owner Name** _____

If more than one parcel, please see attached form to enter all parcels.

APPLICANT

Applicant Name _____ **Business Name** _____

Street Address _____ **City/State** _____

Phone Number _____ **Email** _____

CONTRACTOR

Business Name _____ **Point of Contact** _____

Phone Number _____ **Email** _____

CROSSING

Crossing Type (check one): ☐ Open Cut ☐ Push or Bore ☐ Other: _____

Purpose _____ **Number of Crossings** _____



Crossing Permit Request Additional Parcels

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Parcel Number 32-_____ Owner Name _____

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