



# Hendricks County Surveyor's Office

David L. Gaston, P.S.

## INSTRUCTIONS OF CROSSING PERMIT REQUEST

1. Request shall be made to the Hendricks County Surveyor's Office.
2. Request shall be made on standard form only, supplied by the Surveyor's Office or on line on the Hendricks County website  
<http://www.co.hendricks.in.us/topic/index.php?topicid=126&structureid=33>
3. The form shall be completely filled out with the all but not limited to following information:
  - a. Name and Number of Regulated Drain.
  - b. Parcel number of property involved.
  - c. Project name (if none, then put individual's name).
  - d. Contact person(s). *Name and complete contact information*
  - e. Type of crossing, including a cross section drawing showing the specifications of the crossing. This office may require more details depending on the type of crossing.
  - f. Approximately how many feet from the nearest intersection.
4. The blank space in front of 'requests permission' in the last paragraph should be completed with the entity ultimately responsible for the crossing and its potential future exposure or relocation.
5. Need to circle owner, applicant, or utility (the responsible party) in the last paragraph.
6. The applicant or an agent of the applicant must sign the form.
7. Cash or Check made payable to the **Hendricks County Surveyor's Office**. Fees are as follows:
  - a. Individual - Residences or Farms \$250.00/Crossing
  - b. Utilities \$250.00/Crossing

**This permit expires 60 days from date of approval**

# CROSSING REQUEST

Hendricks County Surveyor's Office  
355 South Washington Street, #214  
Danville, Indiana 46122  
317-745-9237 fax: 317-745-9429

**Please type or print clearly**

Name of Drain: \_\_\_\_\_ Project Name: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Township: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Property Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor/Installer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of Crossing: \_\_\_\_\_

Crossing Type: Open Cut: \_\_\_\_\_ Push or Bore: \_\_\_\_\_ Other: \_\_\_\_\_

Number of Crossings: \_\_\_\_\_ Location of Crossing(s): \_\_\_\_\_

*requests permission to cross the above mentioned regulated drain. The crossing should conform to the standards of the County Surveyor, as outlined in the 'Access Ordinance'. A plan showing the location and specifications of the crossing is included. This request is made per I.C. 36-9-27-33 (d) or 72 (c). The Surveyor's Office will be given an As-Built drawing when the project is completed. At the Drainage Board and/or Surveyor's request, the crossing is subject to exposure or relocation at owner/applicant/utility's expense. This must be scheduled, with an approved completion date, within 5 days notification from the Surveyor's Office, excluding Saturdays, Sundays and holidays.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check Title: Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Engineer \_\_\_\_\_ Utility \_\_\_\_\_ Other \_\_\_\_\_

**This permit expires 60 days from date approval**