DOUGLAS COUNTY DRAINAGE PERMIT APPLICATION

Each drainage site must have a separate site plan

Applicant to complete numbered spaces only. 1. Job Owner Job Address Address 2. Legal Description of Drainage Site 3. Owner **Mail Address** Zip **Phone** 4. Contractor **Mail Address** Zip **Phone** 5. Feet of drainage pipe and outlet size 6. Class of Work (Check One) General Drainage ☐ Routine Maintenance ☐ Repair ☐ Drainage District 7. Describe Work: 8. Valuation of Work: For Official Use Only-SPECIAL CONDITIONS: Application Accepted By: Site Plans Checked By: Approved for Issuance By: PERMIT FEE Check # NOTICE Type of Construction **☐** Blue Line Outlet THIS PERMIT WILL EXPIRE IF ACTUAL CONSTRUCTION **Total Feet of Pipe** ☐ Drainage Ditch Outlet AUTHORIZED IS NOT COMMENCED TWO (2) YEARS OF ISSUANCE. **Outlet Size** ☐ Lake / Pond / Wetland Outlet I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND Administrative Permit ☐ Drainage Board Permit CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR For County Officials Use Only CANCEL THE PROVISIONS OF THE DOUGLAS COUNTY DRAINAGE ORDINANCE OR ANY OTHER FEDERAL, STATE, OR LOCAL When properly validated (in this space), this is your permit. LAW REGULATING DRAINAGE ACTIVITIES OR THE USE OF ANY PROPERTY. The above application is hereby approved. Signature of Contractor or Authorized Agent Date Drainage Permit Number: Signature of Owner (if owner builder) Date **Post Construction?** N BY THIS SIGNATURE, THE DRAINAGE ADMINISTRATOR IS AUTHORIZED TO ENTER UPON THE PROPERTY DESCRIBED FOR THE PURPOSE OF INSPECTION Date Drainage Administrator or Authorized Representative