

**OFFICE OF THE DRAIN COMMISSIONER**

Dale Twing, Drain Commissioner  
306 S North St, White Cloud, Michigan 49349  
Telephone: (231) 689-7213 Fax: (231) 689-7266



**APPLICATION AND PERMIT FOR  
CROSSING OR CONNECTION TO COUNTY DRAIN**

Rev: August 2022

Drain Name: \_\_\_\_\_

Permit No. \_\_\_\_\_  
(Office use only)

**PROJECT INFORMATION:**

Project Name: \_\_\_\_\_

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

Major Crossroads or Intersection: \_\_\_\_\_

Township/City/Village: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

**PROJECT DESCRIPTION:**

Provide a general description of the project (attach extra sheets if necessary) \_\_\_\_\_

**APPLICANT INFORMATION:**

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONTRACTOR / ENGINEER / AGENT INFORMATION:**

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PROJECT CONDITIONS:**

1. A PERMIT FEE in the amount of \$50.00 must accompany the application. This fee does not guarantee a permit. Make checks payable to NEWAYGO COUNTY DRAIN COMMISSION. If the expense to review the proposed activity exceeds the amount of fees collected, the Drain Commissioner shall charge additional fees to cover the actual cost.
2. This permit must be accompanied by the information noted in our "Plan Requirements and Standards for Crossing, Connection, and Encroachment" available on our website

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- 3. The proposed work shall be constructed at the location, elevation, and manner shown on the drawing attached hereto, which is, hereby, made a part of this agreement.
4. All work done in connection with said construction shall be done in a good and workmanlike manner and said drain shall be left in a good condition.
5. Care shall be exercised such that the drain shall be maintained and left unobstructed during construction to prevent the backing up of water which would cause flooding of adjacent land.
6. If the proposed work causes damage to or an increase in the costs of maintenance or improvement of said Drain in any way, the applicant agrees to pay for all costs associated with the additional costs for maintenance, repair, and improvement of the Drain.
7. The applicant agrees to notify the Drain Commissioner when the work described herein will commence so an inspector may be present, if necessary.
8. The applicant agrees that within 30 days after completion of the work described herein, the applicant will deliver to the Drain Commissioner a certificate stating that the work has been performed in accordance with the terms thereof.
9. Authority granted by this permit does not waive permit requirements under Part 91, Soil Erosion and Sedimentation Control, Public Act of 1994, or the need to acquire applicable MDEQ permits.
10. The applicant hereby agrees the facilities to be constructed, placed, or installed under this Permit may be relocated at the discretion of the Newaygo County Drain Commissioner.
11. The undersigned further agrees that if this application is approved, he will meet all legal requirements and be responsible to the Newaygo County Drain Commissioner for any damages to county or intercounty drains and that he shall well and truly pay all damages, fines, and penalties which he shall become liable to pay and shall hold the Newaygo County Drain Commissioner, his staff, and designated county or intercounty drainage districts harmless from all suits, claims, damages, and proceedings of any kind due to his operation within county or intercounty drain right of way.

I, the undersigned, in applying for a permit agree to abide by the terms and conditions outlined in the Permit and certify that I have the legal authority to place the Utility in the proposed location for which the Permit will serve/or I am the Permittee's authorized agent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office use only below this line)

\_\_\_ Approved \_\_\_ Approved as noted
\_\_\_ Revise and resubmit \_\_\_ Not Approved

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_