

WARRICK COUNTY HIGHWAY ENGINEER

107 WEST LOCUST STREET, COURTHOUSE, ROOM 208, BOONVILLE, IN 47601
PHONE (812) 897-6094 -- FAX (812) 897-6109

INSTRUCTIONS:

1. *Form must be completely filled out using a typewriter or printed using black ink. Any non-applicable blanks must be marked N/A.*
2. *Contact Warrick County Engineer's office 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. *Currently, No Permit Bond or Fee is required.*
5. *Any Road Pavement Cut (other than loose rock roads) must have the completed application filed with the County Engineer's Office (2) weeks prior to the next County Commissioner Meeting. The Board of County Commissioners must hear any requested Road Pavement Cut. The Board of County Commissioners meets every 2nd and 4th Wednesday of each month in the Warrick County Courthouse at 4:00 P.M.*
6. *Other Work in the County Road Right of Way not described above may be approved as specified by the County Engineer.*

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

Warrick County Highway Engineering

107 W. Locust St. Rm 208

Boonville, IN 47601

Phone No. 812-897-6094

Fax No. 812-897-6109

<input type="checkbox"/> Underground construction, grading, trenching or excavation parallel to the road
<input type="checkbox"/> Bores or pushes under the roadway
<input type="checkbox"/> Placement/removal of poles/overhead lines
<input type="checkbox"/> Tap pit
<input type="checkbox"/> Open Cut across a County Road Right-of-Way
Bond Company: _____ Bond Amount: \$ _____ Bond # _____

Applicants Name: _____

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

City: _____ State _____ Zip Code: _____ Phone No. _____

Fax No. _____ Contact Person: _____

Project Owners Name (If different from applicant) _____ Phone No. _____

Project Owners Address (If different from applicant) _____

City: _____ State _____ Zip Code: _____ Phone No. _____

Fax No. _____

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 this permit understand all requirements of the Ordinance adopted by the Board of Commissioners and will abide by all of the 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 Warrick County Board of Commissioners. The applicant and I agree to pay all attorney's fees, court costs and other damages or costs incurred by Warrick 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 Warrick 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 Warrick 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 _____