



SURVEYOR'S OFFICE
CLINTON COUNTY

165 Courthouse Square
Frankfort, IN 46041

Tel: 765-659-6300
Fax: 765-659-6391

OUTLET PERMIT

Permit Number: _____

Name of Drain: _____ Sec Twp Range: _____

Parcel Number: _____ Township: _____

Applicant's Name: _____ Property Owner: _____

Address: _____ Property Address: _____

Phone: _____ Phone: _____

Fax or E-mail: _____ Fax or E-mail: _____

Contractor / Installer: _____

Address: _____

Phone: _____ Fax or E-mail: _____

Purpose of Private Tile: _____

Size of Tile: _____ Type of Tile: _____ Length of Tile: _____

Ft³/sec: _____ Gal/Min: _____ Acres Drained: _____

Location of Outlet(GPS): _____

Will private tile cross property not owned by the applicant? _____

If yes, list parcel numbers, names and addresses of those that will be crossed: _____

I hereby request permission to outlet a private drain into the above mentioned regulated drain. The construction shall conform to the standards of the County Surveyor at the point of connection with the regulated drain. A location map of the drain is attached showing the location of the regulated drain, private drain, point of connection, lot lines, buildings and other physical features, and platted easements and right-of-ways. This request is made as per I.C. 36-9-27-17.

Applicant's Signature Date

Check Title: Owner _____ Contractor _____ Engineer _____ Tenant _____ Other _____

Approved By: _____ Date: _____