

Variance Application

CLINTON COUNTY DRAINAGE BOARD
165 Courthouse Square
Frankfort, IN 46041
765-659-6300

Type of Variance: Reduction of Legal Drain Right-of-Way
 Deviation from Drainage Ordinance Ord. Sec. _____

Drain Name: _____ Township: _____

Project Name: _____ Parcel Number: _____

Applicant's Name: _____ Contact Person: _____

Address: _____

Phone: _____ Email: _____

Variance Requested: _____

Reason for Variance: _____

I hereby request a variance from the Clinton County Drainage Ordinance. I request to be placed on the agenda of the Clinton County Drainage Board for consideration of this variance request.

Applicant's Signature Title Date

FOR DRAINAGE BOARD USE ONLY

AGREEMENT WILL BECOME EFFECTIVE UPON APPROVAL. SIGNED THIS _____ DAY
OF _____ 20____ BY THE CLINTON COUNTY DRAINAGE BOARD.

PRESIDENT VICE PRESIDENT MEMBER

FOR SURVEYOR'S OFFICE USE ONLY

Office Review Date: _____ Site Visit Date: _____

Reviewed By: _____ Surveyor Approval: _____