



# EMMET COUNTY APPLICATION FOR INSTALLATION ON, OVER, ACROSS, OR BENEATH DRAINAGE DISTRICTS, OR TO CROSS DRAINAGE DISTRICT INFRASTRUCTURE.

**APPLICATION NUMBER:** \_\_\_\_\_

## Applicant Information

Business Name: \_\_\_\_\_

Full name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I.

Date:

\_\_\_\_\_

Address:

\_\_\_\_\_ Street address \_\_\_\_\_ Apt/Unit #

Phone:

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Email:

\_\_\_\_\_

Type of structure to cross Drainage Infrastructure. \_\_\_\_\_

Location of crossing:

% of the  % of section  TWP-  -N  RNG-  -W

**\*\*Please provide a map showing approximate crossing & direction returned with Application\*\***

Landowner Name: \_\_\_\_\_

**\*\*Please attach a legal copy of the signed easement to cross the land & return with Application\*\***

Attach copy of permit to install the structure: Yes  No

Attach copy of liability insurance: Yes  No

Applicant request to uncover drainage infrastructure: Yes  No

## Disclaimer and signature

*Pursuant to Code of Iowa Section 468.186, approval is hereby requested for the right, privilege, & authority to construct, operate, and maintain Hazardous Liquid Pipeline, Pipeline, Underground Service Line, or other similar Installation on, over, across, or beneath Emmet County Drainage Districts or Drainage District Infrastructure, subject to the provisions of Resolution No. 23-16. Failure to comply with said provisions shall be grounds for revocation of the Easement by the Emmet County Board of Supervisors, acting as trustees of the Drainage Districts. After application is completed with all attachments & delivered to the Emmet County Auditor (609 1<sup>st</sup> Ave N Suite 6 Estherville, IA 51334)*

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

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

## COUNTY USE

Exploration for Drainage District Infrastructure

DD. \_\_\_\_\_ TILE # \_\_\_\_\_ OPEN DITCH \_\_\_\_\_

Approved on: \_\_\_\_\_ Board Voted on: \_\_\_\_\_

Signed Board Chair: \_\_\_\_\_



**EMMET COUNTY DRAINAGE DISTRICT WAIVER REQUEST**

**APPLICATION NUMBER:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* There will be a fee of \$50.00 to be paid up front, then all other costs as in RESOLUTION NO. 23-16 6) -b\*\***

**COUNTY USE**

Board of Supervisors, Acting as Trustees Actions

**Approval**    Yes     No

**Stipulations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved on:** \_\_\_\_\_

**Board Voted on:** \_\_\_\_\_

**Signed Board Chair:** \_\_\_\_\_



**EMMET COUNTY APPROVAL TO INSTALL ON, OVER, ACROSS, OR BENEATH DRAINAGE DISTRICTS, OR TO CROSS DRAINAGE DISTRICT INFRASTRUCTURE.**

**APPLICATION NUMBER:** \_\_\_\_\_

Drainage District #

\_\_\_\_\_

Tile #

\_\_\_\_\_

Open Ditch #

\_\_\_\_\_

GPS Location

\_\_\_\_\_

Location of crossing:

% of the  % of section  TWP-  -N  RNG-  -W

**\*\*Approval is for 1 (one) crossing, the easement cannot be used for more than one crossing. \*\***

Crossing must be in compliance with all Emmet County Resolutions, Ordinances, & State and Federal laws that apply. Any less than full compliance will void the approval and everything will have to be removed from the Drainage Crossing.

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Fees Paid:

Yes

No

Date of Payment: \_\_\_\_\_

**COUNTY USE**

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

Board Chair: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Auditor: \_\_\_\_\_

Drainage Engineer: \_\_\_\_\_