INSTRUCTIONS FOR OUTLET PERMIT REQUESTS

DEKALB COUNTY SURVEYOR'S OFFICE

- 1. Request shall be made to the DeKalb County Surveyor's Office.
- 2. Request shall be made on standard form only, completely filled out with:
 - a. Drain Name
 - b. Parcel number of property involved.
 - c. Project name (if none then put individual's name).
 - d. Name and address of owner and contractor.
 - e. Specifications of the outlet shall include size of the drain, length of the drain, gradient of the drain and calculations (if required). This office may require more details depending on the characteristics of the outlet.
 - f. Site plan showing the regulated drain, private drain location, size and type of drain material, point of connection, lot lines, buildings, physical features, easements/rights-of-way, and any other information required by the Surveyor's Office.
 - g. Copy of deed (if property had transferred in last 60 days).
- 3. The form must be signed by the property owner.



OUTLET CONNECTION REQUEST

DEKALB COUNTY SURVEYORS OFFICE

220 East Seventh Street, Suite 130 Auburn, Indiana 46706 260.925.2222 fax: 260.927.4746

Drain Name:	Project Name:		
Parcel Number:	P	roject Location:	
Owner:	C	Contractor / Installer:	
Name:	N	Name:	
Address:	A	Address:	
Phone: ()	P	Phone: ()	
E-mail:	E	-Mail:	
Purpose of Private Tile:			
Size of Tile:	Type of Tile:	Length of Tile:	
Number of Outlets:			
Will private tile cross prope	erty not owned by applicant?_		
If yes, list parcel numbers, is	andowner name, and address	of those properties that will be crossed:	
shall conform to the standard location map of the drain is	rds of the County Surveyor at t is attached showing the location ings, and other physical feature	e above mentioned regulated drain. The construction the point of connection with the regulated drain. A construction of the regulated drain, private drain, point of the regulated easements and rights-of-way. This	
Applicant's Signature		. Date	
Contact the Surveyor's Of	ffice upon installation of the o	outlet connection for Final Inspection.	
FOR OFFICE USE ONLY			
======================================	Issued By:	Issued Date:	
Inspected By:	Inspection Date:		
Date Received:	Received	Received By:	