

McPherson County Drainage Commission

APPLICATION FOR DRAINAGE PERMIT

DATE _____ FEE \$100.00 _____ RECEIPT No. _____

TO: **MCPHERSON COUNTY DRAINAGE COMMISSION**

The undersigned do hereby request: _____

1. OWNER'S NAME/SIGNATURE _____

2. OWNER'S ADDRESS _____ CITY _____

3. OWNER'S STATE/ZIP _____ 4. PHONE(____) _____

5. AGENT'S NAME/SIGNATURE _____

6. AGENT'S ADDRESS _____ CITY _____

7. AGENT'S STATE/ZIP _____ 8. PHONE(____) _____

CORPS OF ENGINEERS OVERSIGHT

NO YES APPROVED DENIED

CORPS OF ENGINEERS CONTACT NAME _____

CONTACT PHONE NO. _____

MCPHERSON COUNTY DRAINAGE COMMISSION HEARING

HEARING DATE _____ TIME _____

MCPHERSON COUNTY COURTHOUSE – COMMISSIONERS'S ROOM

DRAINAGE COMMISSION ACTION Approved Denied

By _____ Date _____

Permit Holder is responsible if any problems occur downstream to any landowners or road crossings.