

**Cost-Share Program
for
Replacement of Private Crossings
Application**

Application Date: _____

Applicant Information

Select the field that applies to the applicant: Owner Tenant Other _____

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
_____	Cell Phone: _____
City/Zip: _____	E-mail: _____

Site Information

Please select Property Type: Commercial Farm Residential Other _____

Street/General Location: _____

Section _____ Township _____ Range _____ Government Township: _____

Regulated Drain within which crossing is to be replaced: _____

Project Information

Approximate Size of Culvert: _____ inches

Culvert Material: CMP (Metal) Concrete HDPE (Plastic) Other _____

Type of Crossing: Driveway Farm Lane Other _____

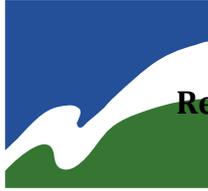
Statement of Need: _____

Was culvert duly established (i.e., approved by the Porter Co. Drainage Board)? Yes No Don't Know

Has culvert been regularly inspected and maintained? Yes No Don't Know

Project Location Map

Please attach an exhibit indicating the location of the crossing to be replaced.



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Additional Information

Any additional evidence (e.g., photographs, construction plans) in support of this request should be turned in with the application. Please note that such additional evidence will become property of the Porter County Department of Development & Storm Water Management.

Certification:

I hereby certify that the information contained in this form is, to the best of my knowledge, correct and represents a complete and accurate statement.

After this form has been submitted to the Department, Department staff will review this application and will conduct further investigation, as needed, to determine whether the subject culvert warrants replacement. By signing below, I agree to allow Department staff on site to review and verify the information contained in this form.

Further, by signing below, I acknowledge that I have am familiar with the terms and conditions associated with this cost-share program, as presented in the Program Overview.

(Signature)

(Print Name)

(Date)