

Carroll County Surveyors Office
Donald Shockley- County Surveyor
Office-765-564-3310

Carroll County Courthouse
101 West Main Street
Delphi, Indiana 46923

Permit Number: _____

CARROLL COUNTY MISCELLANEOUS DRAINAGE PERMIT

Property Owner: _____ Date: _____

Address: _____ Permit Exp Date: _____

Phone: _____ Email: _____

Parcel ID: _____

Project Description: _____

Ponds	Stop Work Orders
<input type="checkbox"/> 5,000 – 20,000 sq. ft. surface area \$100.00	<input type="checkbox"/> Reinstatement Fee \$100.00 or 2x Filing Fee
<input type="checkbox"/> 20,001 – 40,000 sq. ft. \$300.00	<input type="checkbox"/> Continued Const. Fine \$1000.00 first day
<input type="checkbox"/> 40,001 sq. ft. or more \$400.00	Up to \$500.00 each additional day

Alcoholic Beverage Verification	Miscellaneous
	<input type="checkbox"/> Fill Permit \$75.00
<input type="checkbox"/> New Location \$50.00	<input type="checkbox"/> Building Review Permit \$25.00
<input type="checkbox"/> Renewal \$25.00	<input type="checkbox"/> Individual Site Plan Review \$75.00
	<input type="checkbox"/> Obstruction Petition \$250.00
	<input type="checkbox"/> Early Bird Fee 2x Filing Fee
	<input type="checkbox"/> Engineering Review ≤ \$150.00/hour

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The applicant agrees to indemnify, defend, exculpate and hold harmless the County of Carroll, its officials and employees from any liability due to loss, damage, injuries or other casualties of whatsoever kind, or by whomsoever caused to the person or property of anyone on or off the County Regulated drainage right-of-way arising out of, or resulting from the issuance of this permit or the work connected therewith.

In consideration of the issuance of this permit, applicant further agrees to and shall abide by the special conditions of this permit and the general conditions.

Signature of Applicant: _____

Printed Name of Applicant: _____

Name of Company or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

The Above application is hereby approved and permit hereby issued:

By: _____ Date: _____

Permit Fee: _____

Receipt # _____