



DRIVEWAY CONSTRUCTION PERMIT APPLICATION

LaGrange County
Highway Department
300 E. Factory St.
LaGrange, IN. 46761
Telephone: (260) 499-6352
Facsimile: (260) 463-7838
tmorgan@lagrangepublicworks.org

PERMIT # _____

FEE PAID \$ _____ **RECEIVED BY** _____

Property Owner's Name:		
Applicant's Name, if different:		
Mailing Address:	City:	State:
Zip:	Email:	Phone:

Existing Road Surface:	Distance to Parcel Lines: _____ft _____ft
Subdivision & Lot #:	Parcel ID#:
Residential: <input type="checkbox"/> \$65 Construction: <input type="checkbox"/> \$65 Commercial: <input type="checkbox"/> \$150 Field Entrance: <input type="checkbox"/> \$0	
Concrete: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Stone: <input type="checkbox"/> Hard Surface R/W: <input type="checkbox"/>	
Please inform what date you will have flags on site and prefer the preliminary inspection to take place.	
Please inform what date you expect the project to be completed and prefer the final inspection to take place.	

For Highway Dept Use Only:			
PRELIMINARY INSPECTION		FINAL INSPECTION	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Inspected By:	Date:	Inspected By:	Date:
Drive Width:	Culvert Required?:	Drive Width:	Culvert Material:
R/W Width:	Culvert Circumference:	Distance to Parcel Lines:	Culvert Circumference:
Speed Limit:	Culvert Length:		Culvert Length:
Distance to Parcel Lines:	Remarks:		

I, the undersigned Applicant, shall bear any and all risks and costs relating to and in compliance with the project, including but not limited to the relocation of facilities, indemnifying other persons against damage or loss to their facilities, obtaining all other necessary permits, licenses, and authority; restoring the project site, and paying all fees required by any other town, city, county, state, or federal rules, laws, or regulations.

I hereby certify that I have the authority to bind the above-named Applicant to the terms, conditions, and requirements of this permit. I have read a copy of the LaGrange County Driveway Approach Requirements and fully understand all specifications associated with this permit. I also certify that myself and all persons performing the work authorized by this permit understand all requirements of this permit. I further certify that myself and any persons performing work authorized by this permit will not make any changes from the approved plan and permit without receiving written permission from LaGrange County Highway Department. I hereby certify that this driveway does not cross a limited access right-of-way or non-access easement.

In consideration of the permit, I hereby agree to indemnify the Highway Department from and against all causes of action, claims, liabilities, loss, damage, or expense, including attorneys' fees, by whomsoever caused, to persons or property of anyone arising out of or resulting from the issuance of this permit or the driveway project, due in whole or in part to any act, omission, or negligence of Applicant. Only to the extent of negligence of the Department shall Applicant not be liable under this paragraph."

This permit is nontransferable.

By signing below, I agree to be bound by the Driveway Approach Requirements published by the Highway Department.

Signature of Applicant:	Date:
Printed Name:	Title:

TYPICAL DRIVE DETAIL

