

File # _____ or NON-DISTRICT

CANAL CROSSING APPLICATION

(Subject to applicable law and approval by District Board of Directors)

Name of Landowner(s): _____

Physical Address: _____

Mailing Address (if different): _____

Contact Name: _____ Telephone: _____

Fax and/or e-mail: _____

Circle One - Type of Crossing: Roadway, Utility, Implement, Agricultural or Other

Proposed Crossing or to see if a crossing is needed at this time: (Attach Survey)

CAD R#: _____ Acres: _____

Location of Property: (Survey Plat and Description Required)

Block and Lot No.: _____

I agree to comply with all laws, rules, regulations, policies, and procedures concerning this application and any license or right that may be granted. I agree to pay a nonrefundable application fee upon submission of this application, along with all associated costs and fees required by the District. I further understand that no construction may begin without final District approval.

Date

Signature of Landowner or Authorized Agent

For District Use Only

Application fee: \$ _____ Date/Sale# _____ Material fee: \$ _____ Date/Sale# _____

Attorney fees: \$ _____ Date/Sale# _____ Other: \$ _____ Date/Sale# _____

Permit Fee: \$ _____ Date/Sale# _____

Date application received _____ Date of Management Approval _____

Date of Board Action _____ Date Permit Filed _____ Doc # _____

Construction Completed Date _____

Comments: _____
