Request for
VARIANCE APPLICATION

Submit Completed Application forms to:
Noble County Drainage Board ♦ 2090 N St Rd 9 Suite B ♦ Albion, IN 46701 ♦ Phone: (260) 636-2131 ♦ Fax: (260) 636-3512

Part A: *Personal Information for Variance Applicant*

Name of Variance Applicant: _____

_____

Name of Person Signing Application: _____

_____

Address:_____

City: _____ State: _____ Zip:_____

Phone #: _____ Fax #: _____

Project Name: _____

Part B: *Reason for Variance*

The above applicant requests a variance of the statutory right-of-way of 75' for the purpose of encroaching said right-of-way from the top of bank or center line of said drain with a:

☐ Drive way

☐ Home

☐ Outbuilding type:_____

☐ Culvert

☐ Bridge

☐ Foot bridge

☐ Ponds

☐ Utilities *(consisting of…)*
- ☐ Electric (overhead, underground)
- ☐ Telephone (overhead, underground)
- ☐ Cable television (overhead, underground)

☐ Other Structure:_____

☐ Other:_____

Part C: *Legal Drain to be encroached upon*

Name of System:_____

Name of Drain:_____

☐ Tile ☐ Open ditch

The 75' statutory right-of-way will be encroached no closer than _____(ft) from the top of bank on an open or the centerline of a tile on said drain.

Part D: *Location of real estate for variance request*

Township:_____

Range: _____

Section: _____

Quad: _____

Parcel #: _____

Legal Description:_____

Part E: *Required Application Fee*

◆ **Instructions:** The required application fee is $25.00, due at time of variance request. This amount is non-refundable. This variance is Null and Void if not signed by the applicant within 30 (thirty) days from the date that it was approved by the Noble County Drainage Board.

Make one check for $12 payable to: *Noble County Treasurer*

Make one check for $13 payable to: *Noble County Recorder*

Payment Amount: $ _____ Date: _____

Type of Payment: ☐ Check #_____
☐ Cash

Applicant Signature: _____

Comments

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