



Clinton County Drain Commissioner

APPLICATION FOR SERVICES

Project/Site Name: _____

Project Location: _____
(Street address) (City, Township, Village) (Section, etc.)

Property Owner: _____
(City, Township, Village) (Section, etc.)

Address of Owner: _____
(address) (phone)

Contact Person: _____
(name) (phone) (email)

Project Engineer/Designer: _____
(name of designer) (address) (phone)

Select Service(s) being requested (check all that apply):

Subdivision/Plat:

- | | |
|--|--|
| <input type="checkbox"/> Preliminary Plat Approval | <input type="checkbox"/> Final Plat Approval |
| <input type="checkbox"/> Preliminary Plat Extension (1-Year) | <input type="checkbox"/> Construction Plan Review |
| <input type="checkbox"/> Construction Administration | <input type="checkbox"/> Drain Dedication Document Preparation |

Condominium:

- | | |
|---|--|
| <input type="checkbox"/> Site Condominium Plan Review | <input type="checkbox"/> Construction Plan Review |
| <input type="checkbox"/> Construction Administration | <input type="checkbox"/> Drain Dedication Document Preparation |

Site Plan Review or Special Use (major plan resubmittal subject to additional fee):

- | | |
|--|--|
| <input type="checkbox"/> Minor Site Plan (< 2 ac.) or Special Use Permit | <input type="checkbox"/> Major Site Plan (2 ac. and larger) |
| <input type="checkbox"/> Minor Site Plan Construction Administration | <input type="checkbox"/> Major Site Plan Construction Administration |
| | <input type="checkbox"/> Drain Dedication Document Preparation |

Municipal or Inter Agency:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Construction Administration |
|--------------------------------------|--|

Drain Use Activities/Emergency Response: (Drain Office will fill out top info & provide as invoice)

- | | |
|---|---|
| <input type="checkbox"/> Crossing Permit – Residential and Agricultural | <input type="checkbox"/> Easement Occupation Permit |
| <input type="checkbox"/> Crossing Permit – Commercial and Utility | <input type="checkbox"/> Culvert Siting Approval |
| Total number of interactions _____ | <input type="checkbox"/> Emergency Response |

Fee (refer to current **FEES FOR SERVICE**) being remitted at this time \$ _____ Make checks payable to Clinton County Drain Commissioner & remit to 100 E. State Street, Ste 2300, St Johns MI 48879.

For Office Use: Date Paid _____ Check # _____ Rec'd by: _____