

**APPLICATION FOR THE CONSTRUCTION OF A
HAZARDOUS LIQUID PIPELINE, PIPELINE, ELECTRIC TRANSMISSION LINE,
COMMUNICATION LINE, UNDERGROUND SERVICE LINE,
OR OTHER SIMILAR INSTALLATION
ON, OVER, ACROSS, OR BENEATH
DRAINAGE DISTRICT INFRASTRUCTURE IN DICKINSON COUNTY**

APPLICANT:

Name of Individual or Company

Street Address or P. O. Box

City State Zip Code

TO:

Dickinson County Board of Supervisors

BOARD MEMBERS:

Pursuant to Section 468.186, CODE OF IOWA, approval is hereby requested for the right, privilege and authority to construct, operate, and maintain a hazardous liquid pipeline, pipeline, electric transmission line, communication line, underground service line, or other similar installation and associated facilities on, over, or beneath drainage district infrastructure in the district as follows:

Drainage District: _____

Description of Work:

A plat of the proposed construction, fully described above, showing location construction detail and all other relevant information is hereto attached and incorporated into this Application by this reference thereto.

Dickinson County has adopted REQUIREMENTS FOR THE CONSTRUCTION OF A HAZARDOUS LIQUID PIPELINE, PIPELINE, ELECTRIC TRANSMISSION LINE, COMMUNICATION LINE, UNDERGROUND SERVICE LINE, OR OTHER SIMILAR INSTALLATION ON, OVER, ACROSS, OR BENEATH DRAINAGE DISTRICT INFRASTRUCTURE IN THE COUNTY. Applicant acknowledges a receipt of these Requirements. Applicant hereby AGREES, upon the issuance of a permit to construct, operate and maintain the above-described facility, to comply with all said requirements.

Applicant AGREES failure to comply with said requirements shall be grounds for revocation of the permit by the Dickinson County Board of Supervisors.

Applicant Signature

Title

Address

Telephone

Drainage District No. _____

Open Ditch - Bottom Width: _____ Design Grade: _____

Tile Size: _____ Tile Grade: _____

Recommended for Approval

Drainage District Watchman

This _____ day of _____, 20____.

APPLICATION APPROVAL BY THE
DICKINSON COUNTY BOARD OF
SUPERVISORS

BY: _____
Chairman

PERMIT NUMBER: _____ **DATE:** _____