

Noble County Highway Department

1118 E. MAIN STREET ALBION, INDIANA 46701

TELEPHONE (260) 636-2124 FAX (260) 636-2542 E-MAIL: highway@nobleco.us



DRIVEWAY PERMIT-VALID FOR ONE (1) YEAR FROM DATE ISSUED

Date Applied:		Permit Number:	
First Name of Owner	r:Las	Last Name of Owner:	
Contractors Name:	c	Contractors Phone Number:	
Mail To: Mailing Street Address:			
Mailing City:	Mailing State:	Mailing Zip code:	
Home Phone Number	er: Work Phone	Work Phone Number:	
Cell Phone Number:	Township:	Section Number:	
Site Street Address:		Side of Road:	
Site City:	Site State:	Site Zip code:	
Between Roads:	And	:	
Subdivision:		Lot Number:	
Type of Drive:	Existing Drive Use	ed For:	
owner(s) should be a be necessary that a pi approaches shall be 1 owner to allow unrest (including landscapin	ware that side ditches are necessary pe be placed under the driveway. The 2 inches in diameter and 30 feet long cricted flow of water in the right-of-value g) requires a permit. It is the proper	ng Ordinanance Number 2002-8. The property for the maintenance of county roads and it may be minimum pipe size/length under driveway g. Side ditches must be constructed by the way. Any/all work done within the R-O-W ty owner(s) responsibility to check for any all ditches area at this driveway site location.	
When placing an asphroad level.	nalt or concrete driveway, drive must	t be level with the road or a 1/2 inch below	
relocate the stakes to	the nearest satisfactory location as a	standards, Noble County reserves the right to suggested alternative. If the location is not by the owner and an additional permit check	
Signature of Applicant:			
	Name of Applica	ınt:	
Fee Paid:	Fee Received By:	Payment:	

DRIVEWAY SITE: INITIAL DRIVEWAY OR REINSPECTION

Date Inspected:	Permit Number:	
Inspectors Name:	Driveway Site:	
	Boundary Line Direction for Distance:	
Feet from Center to Opposite Boundary:	Opposite Boundary Line Direction:	
Size Pipe Required:	Right-of-Way:	
	Pipe in Proper Drainage Position:	
Proper Drainage or Ditches Installed	- i:	
Driveway Site Placement:	Speed Limit: Required Sight Distance (FT):	
Insufficient Sight Distance (at origin	ally marked site):	
Direction to the Boundary Line:	Feet Short of Sight Distance:	
Opposite Direction to the Boundary Line: Opposite Feet Short of Sight Distance:		
#Type!		
Driveway Site Decision:	Date:	
Inspectors	County Engineer/	
Signature:	Highway Supt:	
DRIVE	EWAY SITE REINSPECTION:	
Date Reinspected:		
(2) Name of Inspector:	(2) Driveway Site:	
(2) Feet from Center of Drive to Boundary:	(2) Boundary Line Direction for Distance:	
(2) Feet from Center to Opposite Boundary:	(2) Opposite Boundary Line Direction:	
(2) Size Pipe Required:	(2) Right-of-Way:	
#Type!		
(2) Driveway Site Decision:	(2) Date:	
(2) Inspectors Signature:	(2) County Engineer/ Highway Supt:	