

# MAUMEE RIVER BASIN COMMISSION

STREAM OBSTRUCTION REMOVAL ASSISTANCE PROGRAM

## APPLICATION FORM

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### PART 1 (To Be Completed by Property Owner)

#### Property Owner's Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No. (day): \_\_\_\_\_ Telephone No. (home): \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

#### Property's Location

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from property address): \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

\_\_\_\_\_ Property is located in corporate limits of: \_\_\_\_\_ (City / Town) within \_\_\_\_\_ County, Indiana

#### Stream Obstruction Location

Stream: \_\_\_\_\_ Stream Mile (if known): \_\_\_\_\_ Legal Drain?  Yes  No

USGS Quad Map Name: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

\_\_\_\_\_ The obstruction is located in the corporate limits of \_\_\_\_\_ (City / Town) within \_\_\_\_\_ County, IN.

\_\_\_\_\_ The obstruction is located within the unincorporated portion of \_\_\_\_\_ County, IN.

#### Adjacent Landowner(s)

##### **Right Bank** landowner (looking downstream)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

##### **Left Bank** landowner (looking downstream)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

#### Description of Obstruction (attach photos)

Obstruction Type (Check one) (refer to MRBC guidelines):  I  II  III  IV  V

Approximate length along the stream: \_\_\_\_\_ ft.

Approximate width perpendicular to stream: \_\_\_\_\_ ft.

Approximate height above the streambed: \_\_\_\_\_ ft.

How long has the obstruction been in its current location? \_\_\_\_\_

#### Description of Proposed Work

Estimated Removal Cost: \$ \_\_\_\_\_

Basis for Estimate: \_\_\_\_\_

Are local easements readily available? (check one)  Yes  NO (Explain why) \_\_\_\_\_

Est. start date: \_\_\_\_\_ Expected Duration of Work: \_\_\_\_\_

Detailed Scope and Description of Proposed Work (attach narrative outlining work to be done, equipment to be used, access points, and disposal methods / locations.)

#### Affirmation

I affirm that the above information are, to the best of my knowledge, accurate.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please return completed application to:  
Maumee River Basin Commission  
10347 Dawson's Creek Blvd, Ste B  
Fort Wayne, IN 46825-1956