



WATER WELL PERMIT

Department of Building, Planning, & Development

210 S Cedar St PO Box 506 Auburn IN 46706 | 260.925.6449 | 260.925.8239 fax | bpd@ci.auburn.in.us

APPLICANT/PROPERTY OWNER INFORMATION

Applicant	Name	
	Address	
	Phone / Email	
Property Owner Same as applicant Y N	Name	
	Address	
	Phone / Email	

PROJECT LOCATION

Address		
Subdivision, Lot		
Township		DeKalb County

PROJECT INFORMATION

Use of Well	Residential Heating	Commercial	Industrial	Irrigation
Contractor <i>(If different than applicant, provide name, phone number and email)</i>				
Start Date		Completion Date		

COMPLETE DETAILED SKETCH ON REVERSE SIDE

APPLICANT CERTIFICATION AND SIGNATURE

I, the owner or authorized applicant by the owner of record, agree that any well requested by this application will comply with, and conform to, all applicable laws of the State of Indiana and the Water Ordinance of Auburn Indiana. The information provided in this application is to the best of my knowledge and accurate. This permit shall not authorize any work to be completed in a public right-of-way, utility or drainage easement, floodplain, or on property other than that described above.

Applicant's Signature _____ Printed Name _____ Date _____

OFFICE USE ONLY

Rec'd By / Date		Insurance Certificate	
Zoning District		Water Well Permit	
Floodplain District	NO FF FW	Fee	\$
City Dept Notified By / Date		Cash / Check / Charge	
Issued By / Date		Receipt	

Sketch Detailing Location:

A.Show Boundaries and Buildings

B.Show Sanitary Sewer, Storm Sewer and All Other Drainage

C.Show to Scale from Reference Pointes on Proposed Drilling Location Drawings

