

Date Received: _____
 Check Received: ☐ Yes ☐ No
 Amount Rec'd: _____
For DD#2 Office Use Only

Drainage District No. 2

P.O. BOX 848 • MIDDLETON, IDAHO • 83644

E-mail: drain.dist.2@gmail.com

(208) 585-3207

Land Use Change / Encroachment Application

To Be Completed By Applicant – Incomplete Applications Will Not Be Considered

Project Name:			
Applicant/Developer:			
Mailing Address:			
Contact Person:			
Phone:		Fax:	
E-Mail:			
Send Invoices To:			
Mailing Address:			
Contact Phone:		Fax:	
Contact Email:			
Design Engineer:			
Mailing Address:			
Contact Person:			
Contact Phone:		Fax:	
Contact E-Mail:			
DD#2 Guidelines Reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Obtained?	
Date on Specs?			
Required Items – check box to indicate inclusion with submittal			
Warranty deed showing ownership of property involved (please include a copy)			
Legal Description of all property involved (please include a copy)			
Vicinity map & detailed plans/specifications for the entire project (please include a copy)			

DD#2 Facility:	Brief Description of Project:
Submitted by (please print):	
Applicant Signature:	
Date:	

FOR DRAINAGE DISTRICT NO. 2 USE ONLY	
Meeting Date:	
Application	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date:	
DD#2 Representative Signature:	
Findings explaining the reasons for approval or denial of application are contained in the Minutes of DD#2.	