

LICENSE APPLICATION

*APPLICANT *ADDRESS (Street, City, State, Zip)
 *PHONE (Area Code + Number)
 *REQUESTOR *ADDRESS
(Street, City, State, Zip) *PHONE (Area Cose + Number)

LOCATION OF INSTALLATION

*MRGCD MAP # *TRACT (Legal Description)
 *NAME OF DITCH, CANAL, LATERAL, ACEQUIA, DRAIN

TYPE OF REQUEST

BRIDGE

Yes

CONCRETE BOX CULVERT

Yes

PIPE CULVERT OR SIPHON

Yes

UTILITY CROSSING, BURIED

Yes

UTILITY, AERIAL

Yes

UTILITY , PARALLEL

Yes

GATES

Yes

OTHER (Plese give us a brief description) WIDTH OF
CROSSING CONSTRUCTION SCHEDULE (Expected # of
days to complete the project) START DATE
 COMPLETION DATE

ADDITIONAL INFORMATION

Please attach any necessary maps or files to complete your application request. Files larger than 20 mb need to be submitted in person or via U.S. mail to the MRGCD General Office, Attn: Alicia Lopez.

*VICINITY MAP OR IMAGE

Upload a file

MAP OR IMAGE

Upload a file

*FILE (Construction Plans / Drawings) MULTIPLE FILES MAY BE ATTACHED AT ONE TIME

Upload a file

Please print your name below. Your printed name will act as your electronic signature and signify that your application is complete and accurate to the best of your knowledge and that you agree to, and understand, the MRGCD policies and regulations governing this application.

*

FOR MRGCD USE ONLY

SECTOR, TOWNSHIP, RANGE: STATIONING OF DITCH:

DITCH GRADE: DITCH

CAPACITY: ELEVATION OF CENTERLINE OF

INSTALLATION: RIGHT OF WAY WIDTH:

REMARKS OR SPECIAL CONDITIONS:

RIGHT OF WAY OWNERSHIP:

DATE LOGGED: REQUEST

NO.: