



OCCUPANCY PERMIT

State Form 41769 (R11 / 4-19)

STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

District addresses can be found at: <https://entapps.indot.in.gov/dotmaps/districtmaps/>
For permits and payment of permits, please visit the Electronic Permit System (EPS) website: <https://eps.indot.in.gov>
Payment is due upon receipt of this application or it will not be processed.

Type of permit: <input type="checkbox"/> Occupancy (Below Ground) <input type="checkbox"/> Occupancy (Above Ground) <input type="checkbox"/> Railroad <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Broadband Access		
District	Subdistrict	Telephone number ()
Project location		Reference point number
Project description		
Project purpose		
Bond required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, penal sum \$	Bond number
Permit fee: (Make check or bank draft payable to "Indiana Department of Transportation.") Fee amounts per IC 8-23-2-6(13); fee schedule address: http://www.in.gov/indot/2727.htm		\$
Special provisions:		
<p>THE APPLICANT AGREES TO INDEMNIFY, DEFEND, EXCULPATE, AND HOLD HARMLESS THE STATE OF INDIANA, ITS OFFICIALS AND EMPLOYEES FROM ANY LIABILITY DUE TO LOSS, DAMAGE, INJURIES, OR OTHER CASUALTIES OF WHATSOEVER KIND, OR BY WHOMSOEVER CAUSED, TO THE PERSON OR PROPERTY OF ANYONE ON OR OFF THE RIGHT-OF-WAY ARISING OUT OF, OR RESULTING FROM THE ISSUANCE OF THIS PERMIT OR THE WORK CONNECTED THEREWITH, OR FROM THE INSTALLATION, EXISTENCE, USE, MAINTENANCE, CONDITIONS, REPAIRS, ALTERATION, OR REMOVAL OF ANY EQUIPMENT OR MATERIAL, WHETHER DUE IN WHOLE OR IN PART TO THE NEGLIGENT ACTS OR OMISSIONS (1) OF THE STATE, ITS OFFICIALS, AGENTS, OR EMPLOYEES; OR (2) OF THE APPLICANT, HIS AGENTS, OR EMPLOYEES, OR OTHER PERSONS ENGAGED IN THE PERFORMANCE OF THE WORK, OR (3) THE JOINT NEGLIGENCE OF ANY OF THEM; INCLUDING ANY CLAIMS ARISING OUT OF THE WORKMEN'S COMPENSATION ACT OR ANY OTHER LAW, ORDINANCE, ORDER, OR DECREE. THE APPLICANT ALSO AGREES TO PAY ALL REASONALBE EXPENSES AND ATTORNEY'S FEES INCURRED BY OR IMPOSED ON THE STATE IN CONNECTION HEREWITH IN THE EVENT THAT THE APPLICANT SHALL DEFAULT UNDER THE PROVISIONS OF THIS PARAGRAPH.</p>		
Signature of permit applicant		Printed name of permit applicant
Name of company organization		Telephone number ()
Address (number and street, city, state, and ZIP code)		
Inspector	E-mail address	
District Regulatory Supervisor		
District Director		

Application number

Road number

County number

Expiration date (month, day, year)

Issue date (month, day, year)

Permit number