CITY OF FORT PIERCE DEPARTMENT OF ENGINEERING
100 N. US #1, Fort Pierce, Florida 34954
Phone: (772) 460-2200

APPLICATION TO ENCLOSE DITCH OR SWALE

Applicant's Name (Owner): _____

Address:_____ Bet._____And_____

Property Address (If different from above):_____

Tax I.D. # _____ Block & Lot No._____

Zoning of Property:_____

FOR OFFICE USE ONLY

Ditch(Swale): Length_____Ft. Top Width:_____Ft. Bottom Width:_____Ft.

Nearest Enclosure:_____Ft. Type: Driveway:___ Previous Enclosure:___ Other:)___

Pipe Required: Diam___in.(15" minimum) Length:___ft. Cover: _____in. (12"minimum)

Structure Required: Inlet:___ Type:_____ Manhole:_____ Other:_____

Comments:_____

_____

_____

Preliminary Inspection By:_____Date:_____ Material Cost: $ _____

Statement from Owner

I (We)_____the undersigned, after reading and understanding the Ditch Enclosure Resolution, attached hereto, accept said resolution conditions and requirements to enclose ditch (swale). In addition, I (We) accept the total cost of the ditch enclosure, excluding installations, is to be paid by property owner by cash or cashier's check to the City's Director of Finance prior to the request for delivery of materials, including sod (if prior swale without sod). I understand the City's Department of Public Works will notify the property owner when the enclosure is to take place and that said property owner will remove, at his expense, all obstructions located within ten (10) ft. of the area of the enclosure.

By:_____ Date:_____
Owner

Approved By:_____, Permit & Inspection Manager Date:_____

Approved By:_____, City Engineer Date:_____