



Application for Temporary Entry Permit

Project Information

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Date you expect to be on Railroad premises:				Date you expect to complete project:					
Is facility: Tempo	nporary, est	rary, estimated term:		(weeks, months, etc					
Will you employ a contractor for installation or maintenance? Yes No Yes, but contractor has not been identified									
Company Name:			Co	ontact Na	ame:				
Phone:				ax:					
Mobile:				Email Address:					
Business Address:									
Please include two(2) copies of plan and profile drawings (no longer than 11"x 17"), two(2) copies of an area map (indicating the worksite) (no longer than 11"x 17"), a copy of the existing agreement (if applicable), and a non-refundable application fee of \$1,250.00 and Engineering Review Fee of \$1,250.00 for standard projects (subject to change without notice) submit to:									
The Indiana Rail Road Company 1500 S. Senate Ave. Indianapolis, IN 46225									
ATTN: Bernie Guerrettaz									
Applications may be submitted electronically to bernie.guerrettaz@inrd.com. If, in the opinion of the									
Railroad, sufficient hazard is involved, Railroad will supply flagmen, with proper advance notice, or if									
the wire line installation requires removal, replacement, or locating of track, bridges, signals, railroad									
wires or pipelines, roads or the supply of railroad engineering or supervision, the applicant agrees full									
cost of such railroad services will be borne by the applicant.									
Signature of Appli	icant	Title	<u></u>			 Date			
- G									
If this application	has been prepared b	оу а со	nsultant o	r third p	oarty, p	lease complete the foll	lowing:		
Name of Individua	l who prepared app	licatio	n:						
Name of firm:									
Business address of	of preparer:								
Phone:									
Fax:									
Email:									

OFFICE USE ONLY						
Application received:						
By:						
Permit No. Assigned:						





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Applicant Information

••								
Legal Name of Company								
Municipal Ownership, if any:		State of	State of					
		incorpora	tion:					
If not corporation, name(s) of		·	·					
owners or partners								
Contact Name:	Phone:	Phone:						
Fax:	-ax:			Email Address:				
Business Address:								
Corporate information same as above								
Legal Name of Company								
Municipal Ownership, if any:	State of	State of						
		incorpora	incorporation:					
If not corporation, name(s) of								
owners or partners								
Contact Name:		Phone:						
Fax:		Email Add	lress:					
Business Address:								
Location								
Name of Railroad: Indiana Rail R	oad Co. City:	State:	County:					
Distance and direction from nearest Railroad								
milepost:								
Distance and direction from center	line of nearest							
road crossing:	conorty							
Dimensions of affected Railroad property (attached plan showing exact location relative to								
any landmarks, structures, roads, mileposts, track								
(railroad or otherwise,) etc.):								
Purpose of proposed entry:								
What buildings or structures are currently on site?								
Will any buildings or structures be placed on site?								
If yes, list buildings/structures and estimated cost.								