

TOWN OF YORK
Culvert Installation Permit

MAP: _____ LOT: _____ DATE: _____

LOCATION OF PROPERTY: _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

APPLICANT'S SIGNATURE

DATE

PRIOR TO SUBMITTING CULVERT APPLICATION, PLEASE MARK THE PROPOSED DRIVEWAY.

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE.

SKETCH OF REQUIRED WORK:

DESCRIPTION OF REQUIRED WORK: _____

DIRECTOR OF PUBLIC WORKS

DATE

FINISH WORK INSPECTED: _____ PERMIT EXPIRES: _____

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PERMIT IS NOT VALID UNLESS SIGNED BY THE TOWN OF YORK DIRECTOR OF PUBLIC WORKS OR HIS AGENT.