

PERMIT # _____

DATE _____

NAME OF APPLICANT _____ PHONE _____

MAILING ADDRESS _____

STREET NUMBER ON WHICH CULVERT WILL BE PLACED _____

DIRECTIONS TO THE ABOVE LOCATION FROM STARKE _____

CULVERT PROVIDED BY CUSTOMER _____

HAVE STAKES BEEN PLACED IN DITCH SHOWING WHERE CULVERT IS DESIRED _____

IS THIS A NEW INSTALLATION _____ IS THIS A REPLACEMENT INSTALLATION _____

THE APPLICANT WILL SAVE AND KEEP THE COUNTY OF BRADFORD HARMLESS FROM ANY AND ALL DAMAGES, CLAIMS, OR INJURIES THAT MAY OCCUR BY REASON OF THIS CONSTRUCTION OF SAID FACILITY. THE APPLICANT BINDS AND OBLIGATES HIMSELF TO COMPLY WITH ALL LOCAL REQUIREMENTS.

REQUIREMENTS:

SHOULD YOU REQUIRE TWO 24' CULVERTS END TO END, THIS MUST BE APPROVED BY THE ROAD SUPERINTENDENT. IF YOU WANT MORE THAN TWO PIPES END TO END, A 6' CLEAN OUT SPACE MUST BE PROVIDED EVERY 48'. NO CULVERT SHALL BE INSTALLED UNLESS A PERMIT IS FIRST OBTAINED FROM THE BCRD.

DATE OF SIZE/PRICE _____ \$ _____ SIZE _____ CUST. NOTIFIED _____

\$ _____ SIZE _____ CUST. NOTIFIED _____

SPECIAL REQUEST FROM CUSTOMER _____

SIGNATURE OF CUSTOMER _____

THE ABOVE REQUEST HAS BEEN REVIEWED AND HAS BEEN FOUND TO MEET THE REGULATIONS AS PRESCRIBED AND IS HEREBY APPROVED.

OR _____

JASON DODDS
SUPERINTENDENT

TROY FORNSHELL,
ASSISTANT SUPERINTENDENT

DATE OF CULVERT INSTALLATION _____ BY _____

CHECK NUMBER _____

RECEIPT NUMBER _____

TOTAL AMOUNT \$ _____