CALL 315-595-2877

3816 Italy Hill Road, Branchport NY 14418 Driveway/Culvert Permit Application

APPLICANT INFORMATION (please print or type) Call 315-595-2877 before completing

Applicant Name _				
Mailing Address:	Street:			
	City: State:		Zip:	
	State.		Zip	<u> </u>
Phone#				
Email			Fax #	
Property Address if				
	City:		7in:	
	State.		Zip:	
Check One: [] Si	ingle Family []	Commercial	[] Agriculture	
Check One: [] Culvert Only [] New or Ex [] Driveway with Culvert [] Extension				
Project Drawing o	r Sketch (on revers	e side)		
CULVERT INFO	RMATION (to be co	mpleted by Hig	hway Department)	
			Culvert Type	
Driveway Width			Type of Surface Ma	terial
Name of Nearest C	ross Street			<u></u>
Distance from Cros	s Street			Feet or Miles
Direction from Cro	ss Street (circle one)	NSEW		
SIGNATURE of A	.pplicant/Agent			
Date			A DDD OVA I	
Application Fee	\$ 35.00	PERMIT	APPROVAL	
Installation Fee Pi		(\$300.00 per	20' minimum length 2	0' for private road)
Pi		(\$150.00/add	dtl. 10')	r
Grave	1 \$			
TOTAL:	\$			
Date				
Town of Jerusalen	n Official:			
FOR OFFICE US	E ONLY			
		Size/Type	of Culvert	
Contractor:			Date:	
Initials				