

Town of Niagara **Highway Department** Robert E. Herman, Highway Superintendent 7105 Lockport Road Niagara Falls, NY 14305 716-297-2150 ext. 142

CULVERT PIPE INSTALLATION PERMIT

APPLICANT INSTRUCTIONS:

- Call Highway Dept. to schedule evaluation of the project and recommendations of installation. 1.
- Highway Dept. will leave you with completed evaluation and recommend vendors available for 2. project.
- 3. Upon agreement to evaluation, please call Highway Dept. to confirm Superintendent signs permit.

4. 5. 6.	You must sign	rchase necessary material & sc and pay for permit prior to cor le to Town of Niagara. \$50 (\$75	
APPL	ICATION DATE:		
ISSU	E DATE:		
PERM	∕IIT#	PAID:	
ADD	RESS OF CULVE	RT INSTALLATION:	
RESI	DENT NAME:		
ADD	RESS:		
PHONE:		CELL PHON	E: EMAIL:
THE	TOWN OF NIAG	ARA PERFORMING THE WORK	:
CON	TRACTOR OR RE	SIDENT IS PERFORMING WOR	K (if not Town of Niagara:
CON	TRACTOR NAMI	E :	
CONTRACTOR PHONE:		IE:	EMAIL:
PRO.	ECTED DATE OF	INSTALLATION:	
CUL	/ERT SIZE:	CULVERT LENGTH:	NUMBER OF ADDITIONAL FITTINGS NEEDED:
			perty owner. The Highway Dept. will provide ated costs. Actual costs/quotes are by the Vendor.
I ack	nowledge I have	e read and agree to all the info	ormation on this form.
Robe	rt E. Herman, Hig	hway Superintendent	Applicant/Resident Signature