Town of Niagara

Highway Department

Richard Sirianni, Highway Superintendent

7105 Lockport Road

###### Niagara Falls, NY 14305

716-297-2150 ext. 142

## CULVERT PIPE INSTALLATION PERMIT

**APPLICANT INSTRUCTIONS:**

**1. Call Highway Dept. to schedule evaluation of the project and recommendations of installation.**

**2. Highway Dept. will leave you with completed evaluation and recommend vendors available for project.**

**3. Upon agreement to evaluation, please call Highway Dept. to confirm Superintendent has signed and approved your permit.**

**4. Proceed to purchase necessary material & schedule project when material is on job site.**

**5. You must sign and pay for permit prior to commencing work.**

**6. Checks payable to Town of Niagara. $50 ($75 if digging through driveway)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION DATE:

ISSUE DATE:

PERMIT # PAID:

ADDRESS OF CULVERT INSTALLATION:

RESIDENT NAME:

ADDRESS:

PHONE: CELL PHONE: EMAIL:

THE TOWN OF NIAGARA PERFORMING THE WORK:

CONTRACTOR OR RESIDENT IS PERFORMING WORK (if not Town of Niagara:

CONTRACTOR NAME:

CONTRACTOR PHONE: EMAIL:

PROJECTED DATE OF INSTALLATION:

CULVERT SIZE: CULVERT LENGTH: NUMBER OF ADDITIONAL FITTINGS NEEDED:

##### All material costs are the responsibility of the **property owner**. The Highway Dept. will provide

##### recommendations of available vendors and estimated costs. Actual costs/quotes are by the Vendor.

*I acknowledge I have read and agree to all the information on this form.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Richard Sirianni, Highway Superintendent Applicant/Resident Signature