

TOWN OF YORK, MAINE

CULVERT INSTALLATION PERMIT

MAP: _____

LOT: _____

DATE: _____

LOCATION OF PROPERTY: _____

APPLICANT(S) NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

APPLICANTS 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 WORK REQUIRED: _____

SUPT. OF DPW.

DATE

FINISH WORK INSPECTED: _____

PERMIT EXPIRES: _____

Permit is not valid unless approved and signed by the Town of York,
Department of Public Works Superintendent or his Agent.