

TOWN OF STOCKBRIDGE
DRIVEWAY PERMIT ESTIMATE

APPLICATION DATE: _____

APPLICATION NO: _____

OWNER: _____

CONTRACTOR: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____

PHONE #: _____

1. Building Site Address: _____ Lot # _____
2. Name of Contractor installing culvert: _____
3. Phone # of Contractor installing culvert: _____
4. Type of culvert pipe being installed: _____
5. Size of culvert pipe being installed:(18" minimum required) _____
6. Length of culvert pipe being installed:(24' minimum required) _____
7. Site plan included showing proposed culvert location: Yes _____ No _____
8. Any Subdivision Covenants, Town, County and/or State ordinances/policies that conflict with proposed culvert specifications/installation: Yes _____ No _____
9. Owner/Contractor responsible for staking culvert location with 2' offsets on each end of pipe in ditch bottom. Has this task been done? Yes _____ No _____
10. If ends of culvert pipe have not been set in the ditch at the building site, when will offset stakes be set by Owner/Contractor? Date: _____

I, the undersigned Owner/Contractor, do hereby certify that the above culvert permit application information as submitted is correct and do hereby agree to preserve the offset stakes set in the field and set the proposed driveway culvert pipe at the elevation grade established by the Town of Stockbridge.

SIGNATURE OF APPLICANT

DATE APPLICATION FILED

Cost Estimate: Culvert _____
Endwalls _____
Gravel _____
Backhoe _____
Dump Truck _____
Permit Fee _____
Total Estimate _____