

Permit Number:	

DRIVEWAY/CULVERT PERMIT APPLICATION

Contact Information:
Applicant Name:
Property Owner:
Address:
Contact Number:
Email:
Is the work being performed by a contractor? Yes No
Contractor's Name:
Company Name:
Address:
Contact Number:
Email:
Project Information:
Address/Location of Proposed Driveway/Culvert:
Proposed Start Date:
Dig Safe Ticket Number:

Driveway/Culvert Location Sketch:

A sketch must be attached to this application that demonstrat driveway in relation to the city street/infrastructure, which must be discharged discharged culvert.	_
Applicant Signature:	
Please check box that applies:	
I hereby request permission to construct by private condescribed above, and agree to perform the work in accordance. Driveway culvert ordinance. I understand this driveway culvenull and void if substantial work authorized by such permit ha (30) days.	e with the City of Westmoreland ert permit will expire and become
I hereby request the City of Westmoreland to install/or understand as the property owner I am responsible for payme before materials can be ordered or the request completed in the request complete	ent of all fees and materials used
Applicant Signature:	Date:
Utilities/Maintenance Supervisor Signature	Date: