

CITY OF SULLY
Culvert Permit Application

Culvert to be Installed or Relocated or Replaced

Install Relocate Replacement

Property Address: _____

Property Owner: _____

Mailing Address: _____ Phone: _____

Beginning date of construction: _____

Ending date of construction: _____

Location of culvert and description of construction materials (type and size of pipe, etc.):

By signing below, I agree to comply with all applicable laws and with the ordinances and requirements of the City of Sully.

Signature of Property Owner

Date

Permit: Issued Denied

Permit Fee: _____

Public Works Director

Date

Comments and/or Restrictions _____

The Public Works Director shall inspect the culvert after completion.

Date of inspection: _____ Initials: _____