



VILLAGE OF SALISBURY CROSSWAY CULVERT REPLACEMENT APPLICATION

OWNER / APPLICANT

Name:	Date:
Company Name:	
Address:	
Phone No.:	Email:

LOCATION OF PROPERTY

Address:

TYPE OF DRIVEWAY (check appropriate box)

Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
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DO NOT MARK BELOW THIS AREA

FOR OFFICE USE ONLY:

EXISTING CROSSWAY CONDITIONS (check all that apply)

Heaved over pipe	<input type="checkbox"/>	Poor upstream drainage	<input type="checkbox"/>	Separation of pipe joints	<input type="checkbox"/>
Depressed over pipe	<input type="checkbox"/>	Poor downstream drainage	<input type="checkbox"/>	Precast concrete pipe	<input type="checkbox"/>
Asphalt surface	<input type="checkbox"/>	Inlet headwall	<input type="checkbox"/>	Corrugated metal pipe	<input type="checkbox"/>
Concrete surface	<input type="checkbox"/>	Outlet headwall	<input type="checkbox"/>	Corrugated plastic pipe	<input type="checkbox"/>
Chipseal surface	<input type="checkbox"/>	Inlet erosion protection	<input type="checkbox"/>	Undersized pipe diameter	<input type="checkbox"/>
Gravel surface	<input type="checkbox"/>	Outlet erosion protection	<input type="checkbox"/>	Conforms to By-Law No. 33-3	<input type="checkbox"/>

SKETCH

CORRECTIVE ACTION

Approved Yes No

Comments:

Signature: _____

Date: _____

- Only those locations which conform to the requirements of By-Law 33-3 will be considered for approval.
- Each application will undergo a site evaluation by the Village of Salisbury Works and Maintenance Department for approval and determination of work to be carried out.
- Headwalls constructed by previous or current property owners will not be reinstated by the Village of Salisbury as part of a culvert replacement.

SIGNED: _____
OWNER/APPLICANT

DATE: _____