



**TOWN OF SALISBURY (WARD 3)
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		Commercial	
		Industrial	

DO NOT MARK BELOW THIS AREA

FOR OFFICE USE ONLY:			
EXISTING CROSSWAY CONDITIONS (check all that apply)			
Heaved over pipe		Poor upstream drainage	
Depressed over pipe		Poor downstream drainage	
Asphalt surface		Inlet headwall	
Concrete surface		Outlet headwall	
Chipseal surface		Inlet erosion protection	
Gravel surface		Outlet erosion protection	
Separation of pipe joints		Precast concrete pipe	
Corrugated metal pipe		Corrugated plastic pipe	
Undersized pipe diameter		Conforms to By-Law No. 33-3	
SKETCH		CORRECTIVE ACTION	
		Approved Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Town of Salisbury Infrastructure & Public Works 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 of Salisbury as part of a culvert replacement.

SIGNED: _____
OWNER/APPLICANT

DATE: _____