

TOWN OF SPRINGVALE
DRIVEWAY/CULVERT APPLICATION

PLEASE TYPE OF PRINT CLEARLY DATE: _____ Non-refundable fee: \$50.00

OWNER INFORMATION

LAST NAME: _____ FIRST _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____

PROJECT INFORMATION

SITE ADDRESS _____ PARCEL NO.: _____

LEGAL DESCRIPTION

_____ 1/4 _____ 1/4 SECTION _____

REASON FOR NEW/REPLACEMENT DRIVEWAY: _____

New/Replacement Driveway Location is _____ ft. East West South North of address(circle one)

Located on _____ (road name)

OR

New /Replacement Driveway Location is _____ ft. East West South North of Intersection (circle one)

with _____ (road name)

Culvert Material: _____

Culvert Diameter - inches: _____

**IN THE SPACE BELOW PLEASE DRAW WHERE THE NEW/REPLACEMENT DRIVEWAY
WILL BE LOCATED *please reference the North arrow correctly***

N

* APPLICATION IS VALID ONLY IF ACCOMPANIED BY THE PROPER FEE

Applicant's Signature: _____

Dated: _____

Received by Clerk/Chairman on _____