



APPLICATION FOR PLACEMENT OF A CULVERT CROSSING

PLEASE NOTE – There is a \$100.00 fee required to be submitted with the completed application.

APPLICANT: Company _____
 Mailing Address _____
 City _____ Province _____ Postal Code _____
 Contact Person _____
 Phone _____ Fax _____
 Email _____
 Member of a one-call system _____ Yes _____ No (e.g. Alberta One Call)

OWNER: Company _____
 Mailing Address _____
 City _____ Province _____ Postal Code _____
 Contact Person _____
 Phone _____ Fax _____
 Email _____

FACILITY: Type _____ File / Drawing No. _____

CARRIER PIPE: Pipe Type _____ Max. Operating Pressure (kPa) _____

Outside Diameter (mm) Wall Thickness (mm) _____

CASING PIPE: Outside Diameter (mm) Wall Thickness (mm) _____

CONSTRUCTION LOCATION (legal locations):

Starting Point _____ Ending Point _____

Roadway(s) Affected: _____

PROPOSED FACILITY PARALLELS MUNICIPAL ROADWAY _____ FROM – TO:

____ ¼ SEC ____ TWP ____ RGE ____ W4M TO ____ ¼ SEC ____ TWP ____ RGE ____ W4M

____ ¼ SEC ____ TWP ____ RGE ____ W4M TO ____ ¼ SEC ____ TWP ____ RGE ____ W4M

PROPOSED FACILITY CROSSES MUNICIPAL ROADWAY _____ FROM – TO:

____ ¼ SEC ____ TWP ____ RGE ____ W4M TO ____ ¼ SEC ____ TWP ____ RGE ____ W4M

____ ¼ SEC ____ TWP ____ RGE ____ W4M TO ____ ¼ SEC ____ TWP ____ RGE ____ W4M

COMMENTS:

I, _____, hereby certify that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of facts relating to this application for placement of a centerline culvert.

(Signed) _____ (Date) _____