



**LAURENTIAN VALLEY TOWNSHIP**  
460 WITT RD, PEMBROKE, ON K8A 6W5  
Tel: 613-735-6291 Fax: 613-735-5820  
**ROADS DEPARTMENT**

**APPLICATION FOR CULVERT INSTALLATION**

*TO BE SUBMITTED TO: Public Works Department*

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**LOCATION OF PROPOSED ENTRANCE WAY:**

▶ Street \_\_\_\_\_

▶ Lot \_\_\_\_\_ Concession \_\_\_\_\_ Plan # \_\_\_\_\_

▶ Side of Road: East \_\_\_\_\_ West \_\_\_\_\_ North \_\_\_\_\_ South \_\_\_\_\_

▶ Location Description: \_\_\_\_\_  
\_\_\_\_\_

**ENTRANCE WAY REQUIREMENTS:**

▶ Width: Normal (20') \_\_\_\_\_ Wider \_\_\_\_\_ Extension \_\_\_\_\_

*I agree to pay the total cost of the proposed entrance way within 30 days of invoice  
(\$36.75/ft. up to 18" diameter, minimum \$250.00)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Office Use Only***

Size of Culvert: \_\_\_\_\_ inches in diameter \_\_\_\_\_ feet in width

Depth of Fill: \_\_\_\_\_ feet (from edge of shoulder to bottom of ditch)

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Roads Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Invoice #: \_\_\_\_\_ Date: \_\_\_\_\_