

## CULVERT PERMIT APPLICATION

Property Address:	_
Property Owner Name:	_
Contractor Name:	_
Contractor Contact Phone:	_
Contractor Address:	_
Proposed date(s) of construction:	
A fee of \$35 for culvert permit must be submitted with this application.	
Contractor must submit to the City of Cedarburg an indemnity bond or certified check for \$1,0 Also, a certificate of insurance listing the City of Cedarburg as additional insured in the amoun \$100,000 for one person, \$300,000 for one accident, and \$50,000 for property damage must submitted. These items must be received by the City prior to any work being performed.	t of
Contractors are reminded to call Diggers Hotline at 811 or 800-242-8511 at least three (3) work days prior to beginning excavation.	ing
All culverts installed in the City of Cedarburg must conform to the following specifications, which set by the City of Cedarburg.	are
A. <u>Culvert Type/Material</u> : Driveway culverts installed in the City right-of-way shall be eit galvanized corrugated metal or reinforced concrete pipe. Culverts must have aprones sections installed on each end. End sections shall be of the same material as the pide Minimum allowable culvert pipe wall thickness for corrugated metal is 16 gauge for through 24" diameter, and 14 gauge for 30" and 36" pipe. All reinforced concrete pipe stope minimum Class III. Culverts shall be bedded and backfilled with graded crushed stope (1" – 1 ½" TB).	end ipe. 12" hall
B. <u>Culvert Size/Diameter</u> : Driveway culverts shall be sized by the City Engineer to carry anticipated storm water runoff. The minimum size allowed is 12" diameter by 20 fee length. Culvert ends shall be installed to match the upstream and downstream dielevations, unless directed otherwise on permit.	t in
C. <u>Driveway Surfacing</u> : The elevation and slope of private driveway pavement abutting public street shall match that of the adjacent gravel shoulder. Concrete driveway pavem is not allowed within three (3) feet of the public street pavement nor within the limits of gravel shoulder area.	ent
Office use only below this line	
Date fee paid: Date/Time Inspection Scheduled:	_
Certificate of Insurance expiration date:	
Bond expiration date: or - Certified check issue date:	