SCIOTO TOWNSHIP
DRIVEWAY CULVERT PERMIT APPLICATION

1. LOCATION and PARCEL ID OF PROPERTY

_____

2. NAME OF PROPERTY OWNER _____

3. CONTACT PERSON (if different from property owner)

_____ PHONE # _____

4. WHO IS INSTALLING CULVERT PIPE?

(please circle one) TOWNSHIP OWNER/AGENT

5. FEE = _____ CHECK # _____ CASH _____

Make checks payable to Scioto Township

AUTHORIZATION FOR OWNER'S APPLICANT REPRESENTATIVE(S): This section must be completed and notarized if the applicant is not the property owner.

I _____, the owner, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the request. I agree to be bound by all representations and agreements made by the designated representative.

_____ _____

Signature of current property owner Date

Subscribed and sworn to me this _____ day of _____, 20_____

State of _____ County of _____

Notary Public_____

PERMIT EXPIRES 1YEAR FROM PERMIT APPLICATION DATE

For Office Use Only:

Date Installed or Inspected: _____

Inspected By: _____

Comments: