ST. JAMES PARISH GOVERNMENT
PERMITTING OFFICE

CULVERT WORKSHEET

Date: _____

Name: _____ Telephone No.: _____ Work/Cell No.: _____

Service Address: _____
(House Number & Street Name) City State Zip Code

Mailing Address: _____
City State Zip Code

Approximate length of culvert to be installed: _____ feet.

Name and address of building contractor: _____
_____

Type of culvert desired: _____
(Galvanized, Plastic, Aluminum, or Concrete used for Parish Ditches)
(Coated Galvanized, Concrete, or BCCMP used for State Ditchers)

Staked: _____ Culverts Delivered: _____

_____ _____
Signature ***Date***

Note: St. James Parish Government will <u>not</u> be responsible for the cutting of any culvert material.

For Office Use Only

Type and size of culvert recommended: _____

Number and size of catch basins recommended: _____

Alternative size and type of culvert recommended: _____

Other actions to be taken by applicant prior to installation: _____

Other drainage work necessary in area recommended: _____

Signature of Supervisor: _____ **Date:** _____

Revised 2/08