TOWN OF MARATHON
CULVERT INSTALLATION APPLICATION FORM

BY-LAW NO. 1396 and 1462

NAME_____ **DATE** _____

ADDRESS _____ **PHONE #**_____

_____

GARAGE _____ **DRIVEWAY** _____
single/double/other **single/double/other**

LOT WIDTH (m)_____ **EXISTING DRIVEWAY WIDTH**_____
Measure/refer to legal plan of lot **Measure in metres**

REQUESTING DRIVEWAY WIDENING **Yes** □ **No** □

REQUESTING CULVERT REPLACEMENT **Yes** □ **No** □

REQUESTING CIRCULAR DRIVEWAY **Yes** □ **No** □

REQUESTING A SECOND ACCESS **Yes** □ **No** □

OTHER REQUESTS_____

SKETCH

Return completed form to:
Town of Marathon
Works & Operations Dept.
P.O. Bag "TM"
4 Hemlo Drive, Marathon, ON P0T 2E0

Fax: (807) 229-1999
General Inquiries: (807) 229-1340

WORKS & OPERATIONS DEPARTMENT USE ONLY

APPROVED **Yes** □ **No** □ **DATE**_____

COST $_____ **H.S.T.** _____ **TOTAL** _____