



Public Works Department

7501 E. Skoog Blvd.
Prescott Valley, AZ 86314

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Phone 928-759-3070

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**APPLICATION TO INSTALL CULVERT
IN TOWN RIGHT-OF-WAY**

(Notify Town Upon Completion of Work at 928-759-3070)

OWNER'S NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

CONTRACTOR NAME: _____

BUSINESS NAME: _____ BUS. LIC.#: _____

CONTRACTOR'S LIC.#: _____ STATE SALES TAX#: _____

PHONE: _____

ADDRESS: _____

STREET ADDRESS FOR CULVERT: _____

UNIT: _____ LOT: _____ CARPORT/GARAGE # OF CARS: _____

USE(Residential, Commercial, Industrial): _____

CHECK ONE: PRIMARY CULVERT SECONDARY CULVERT

NAME(PRINTED): _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Required Culvert Size: Diameter: _____ Length: _____

Gauge: _____ Depth: _____ Cover: _____

Comments: _____

Approved By: _____ Date: _____

APPLICATION EXPIRES AFTER 1-YEAR FROM APPROVAL DATE