

SELECT BOARD

Jonathan Giroux, Chair  
Bryan DesLauriers, Vice Chair  
Brendan Deso  
Jack Brigham  
Jeff Sanders

Anna Bourdon, Town Clerk  
Carrie Johnson, Town Manager  
Alan Mashtare, Public Works Director



P.O. Box 37  
St. Albans Bay  
Vermont 05481

Phone  
802-524-7589

Fax  
802-524-5816

Website  
www.stalbanstown.com

**Town of St. Albans, Vermont**  
**Curb Cut & Culvert Permit Application**

Pursuant to Title 19 V.S.A. Section 43. Application for curb cuts and/or culverts in Town Right-of-Way.

All applications for culverts and curb cuts shall be submitted to the Director of Public Works for review. Applicants shall submit the information requested on this form, and any additional information requested by the Director of Public Works. The permit is issued under the authority of the Town Manager. A second curb cut (horseshoe) is generally not allowed. The Town strongly recommends shared curb cuts.

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Project Address if different: \_\_\_\_\_

Engineer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Application for: (Check One)

New Curb Cut

New Culvert

Description of Culvert (if applicable)

Culvert Diameter: (18 inch minimum) \_\_\_\_\_

Total Length of Culvert (30 foot minimum) \_\_\_\_\_

**Standards:**

1. Culvert must be HIGH DENSITY POLYETHYLENE (HDPE) PIPE, unless otherwise stated.
2. Culvert will be purchased and installed by the applicant. The Town of St. Albans Public Works Department will inspect upon completion.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

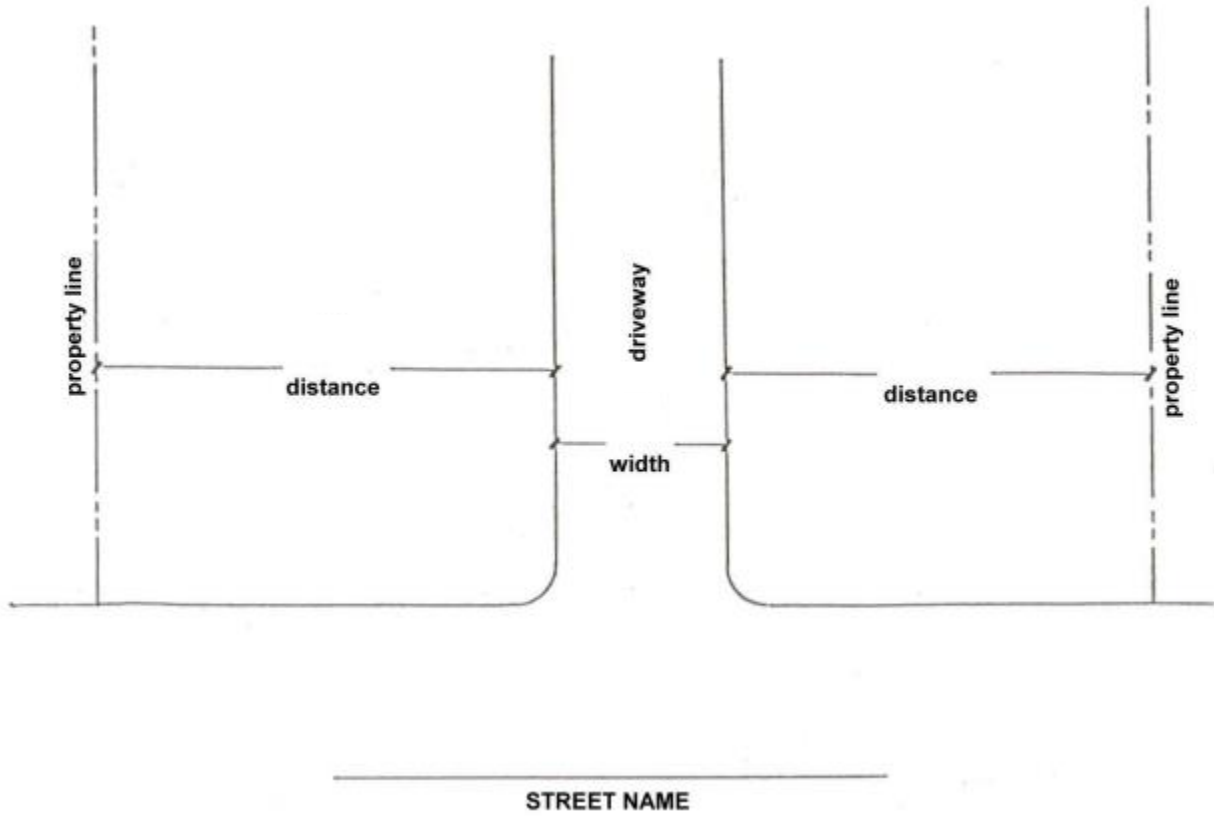
**\*\*\*OFFICE USE ONLY\*\*\***

Fee Paid: \$ \_\_\_\_\_ Approved  Denied  Signature: \_\_\_\_\_

GPS Coordinates: N: \_\_\_\_\_ W: \_\_\_\_\_

Per authority of the Town Manager by the Public Works Director.

Provide the following information:



Comments and/or special instructions from the Director of Public Works:

---

---

---

---

**Note:** A minimum of 24 hours' notice is required prior to commencement of construction. Within 24 hours of completion, the applicant is required to notify the Director of Public Works for inspection purposes.

Cc: Assessor's Office \_\_\_\_\_

Fire Department \_\_\_\_\_

Zoning Department \_\_\_\_\_

**CONTACT PUBLIC WORKS DIRECTOR FOR FINAL INSPECTION**

Final Inspection Date: \_\_\_\_\_

Signature: \_\_\_\_\_