

CITY OF FRANKLIN CULVERT INSTALLATION ORDER

Permit # _____

CULVERT LOCATION (or description):		
DATE STAKES IN BY:		
ORDER TAKEN BY:	DATE:	
SIZE:	LENGTH:	BY:

Owner/Contractor:
Address:
Phone:

COST DATA:

Cost of Pipe: _____

Addn. Pipe Length _____

Band: _____

Stone: _____

Labor: _____

Endwalls: _____

Misc: _____

RESET: Stone _____

Asphalt _____

Sub-total: _____

Tax: _____

TOTAL _____

Comments: _____

Date Installed: _____