

DISTRICT OF SQUAMISH
Po Box 310
Squamish BC V8B 0A3

APPLICATION FOR CULVERT CROSSING

DATE: _____

__ **Gary Cost Estimate, Please (604) 898-5299**

| | |
|---|--|
| I, _____ of _____, Full name complete address | |
| Phone number: _____ cell number: _____ | |
| Additional information or comments: _____ _____ | |
| _____ Signature / date | |
| Cost estimate: Do hereby apply for a 4 metre culvert _____ diameter of pipe _____ Do hereby apply for a 5 metre culvert _____ diameter of pipe _____ Do hereby apply for a 6 metre culvert _____ diameter of pipe _____ Other _____ | |
| Basic cost: | \$766.00 plus GST |
| Additional materials: _____ | \$ _____ |
| _____ | GST \$ _____ |
| _____ | Total cost estimate \$ _____ (includes GST) |
| Date paid: | Receipt #: |