



**KURT OSPELT**  
Highway  
Superintendent

COUNTY OF OSWEGO  
**HIGHWAY DEPARTMENT**  
31 SCHAAD DRIVE  
OSWEGO, NEW YORK 13126

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APPLICATION FOR A DRIVEWAY PERMIT, DRIVEWAY EXTENSION, OR TO REPLACE A DAMAGED CULVERT PIPE. THIS IS NOT YOUR ACTUAL PERMIT. THERE IS A \$35.00 PERMIT FEE TO PROCESS THIS APPLICATION. THERE WILL BE AN ADDITIONAL CHARGE OF \$10.00 PER FOOT TO INSTALL YOUR DRIVEWAY. ALL CULVERT PIPES WILL BE PURCHASED BY APPLICANT.

**TO BE FILLED OUT BY APPLICANT**  
ALL INFORMATION MUST BE COMPLETED

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

DATE TO BE STAKED: \_\_\_\_\_

NEW DRIVEWAY  DRIVEWAY EXTENSION  REPLACEMENT

CULVERT TO BE INSTALLED ON COUNTY ROUTE NUMBER: \_\_\_\_\_ TOWN OF: \_\_\_\_\_

NEAREST ROAD: \_\_\_\_\_ SIDE OF ROAD: (NORTH, SOUTH, EAST, OR WEST)

COLOR OF HOUSE: \_\_\_\_\_ MAIL BOX NUMBER: \_\_\_\_\_

WHAT IS ON THE PROPERTY: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE PERMIT FEE OF \$35.00 PAID IN FULL: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

DISPATCHER: \_\_\_\_\_ DATE: \_\_\_\_\_

DISPATCHER SENT TO: \_\_\_\_\_ DATE: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CULVERT SIZE AND TYPE: \_\_\_\_\_

SIGHT DISTANCE: \_\_\_\_\_

DATE INSTALLATION FEE PAID: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

SENT TO: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE DRIVEWAY INSTALLED: \_\_\_\_\_ CREW LEADER: \_\_\_\_\_