



# TOWN OF ROMULUS

## Application to Fill Road Ditch

Please print all Information. Return the completed form to:

Highway Superintendent, Town of Romulus, P.O. Box 177, Willard, NY 14588

### Homeowner

Name	
Mailing Address	
City, State, Zip	
Telephone	Email

### Property (if different from above)

Address
City, State, Zip

The resident is liable for installation, maintenance, and all liabilities associated with this application. The Town of Romulus Highway Superintendent must approve all work before any backfilling is performed.

I certify that I understand and agree to all the terms associated with this request.

Signature of Homeowner

Date

### Internal Use Only

Date Received

Permit Number

Determination  Approved

Denied

Date of Determination

Approvals (Name and Signature)

Highway Superintendent

Date

Town Supervisor or Designee

Date

Pipe Size

Catch Basin Size

Number of Catch Basins

Additional Specifications