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

1435 Prospect Street, Post Office Box 177, Willard, New York 14588 ● 607 869-9326 ● 607 228-4525 (fax)
www.romulusny.gov