

MCCULLOCH COUNTY
PERMIT FOR CULVERT INSTALLATION

* DATE OF REQUEST _____

* REQUESTER'S NAME _____

* MAILING ADDRESS: _____

* EMAIL ADDRESS _____

* DAYTIME/MOBILE PHONE _____

* COUNTY ROAD NUMBER OR NAME _____

* SUBDIVISION NAME (IF APPLICABLE) _____

* DIRECTIONS TO LOCATION OF SITE FOR CULVERT _____

***TO BE FILLED OUT BY REQUESTER**

SIZE OF CULVERT REQUIRED _____

SIZED BY _____

IS DITCH WORKED REQUIRED BY COUNTY? _____

APPROXIMATE DATE OF COUNTY SHOULD COMPLETE WORK _____

DATE OF PERMIT ISSUED _____

COMMISSIONER _____

PRECINCT# _____

PLEASE COMPLETE THE FORM AND CONTACT YOUR COUNTY COMMISSIONER:

PRECINCT 1-CAROL ANDERSON (325) 456-8972

PRECINCT 2-RANDY DEANS (325) 456-7201

PRECINCT 3-JASON BEHRENS (325) 456-6760

PRECINCT 4-RICK KEMP (512) 844-4788

