



CLEARWATER COUNTY
REQUEST FOR APPROACH CONSTRUCTION

DATE OF REQUEST:

NAME OF APPLICANT:

LEGAL DESCRIPTION

PHONE NUMBER:

EMAIL OR FAX:

ADDITIONAL LEGAL DESCRIPTION:

REASON FOR REQUEST:

DOES THIS REQUEST PERTAIN TO A SUBDIVISION CONDITION: YES OR NO

IF YES, FILE # _____

N

PROPOSED LOCATION SKETCH:

NOTE: APPROACHES MUST BE COMPLETED WITHIN 1 YR FROM DATE OF APPROVAL. APPROACHES BUILT AFTER OCT. 15 OF THE YEAR WILL NOT BE APPROVED UNTIL THE FOLLOWING SPRING.

FOR OFFICE USE ONLY

PUBLIC WORKS CONTACT PERSON: _____

DATE OF APPROVED _____

CONDITIONS: _____

CULVERT REQUIRED: **YES OR NO** **SIZE:** _____

GRAVEL REQUIRED: **YES OR NO** **SIZE:** _____ **AMOUNT:** _____

SIGHTINES GOOD: **YES OR NO**

ROAD SEGMENT: _____

ADDITIONAL COMMENTS:

PLEASE DROP OFF, MAIL, FAX OR E-MAIL.

CLEARWATER COUNTY

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