Town of Hamilton

38 Milford Street | Hamilton, NY 13346
(315) 824-3380 | Fax: (315) 366-3054
www.TownofHamiltonNY.gov

Date received:

Application for a NEW Driveway Culvert on Town Roads Only

If this request is for the replacement of an already existing driveway culvert, please call the Highway Superintendent at 315-825-1378 as this form does not apply.

The Application Process:

Effective April 9, 2026 by Town Board Resolution 2026-48. The intent of this application is to have the property owner provide a written request for a newly installed driveway culvert. The Highway Superintendent will determine the length of pipe required. The town will be responsible for obtaining the pipe, any additional materials needed and the installment of the driveway culvert. ***The property owner will be responsible for the cost of the culvert pipe for any additional driveways, relocation of a current driveway (not due to failure), and/or custom request.***

1. Application must be completed and signed.
2. The application must be submitted to the Town Clerk at the Town Office or mailed to the address above or sent via email to: townclerk@townofhamiltonny.gov
3. Please include:
    a. Completed application, signed and dated.
    b. Copy of tax map or sketch plan showing proposed location of driveway culvert. *See page 2 for details.*
4. Once the completed application has been received, the Highway Superintendent will contact the property owner to arrange a time to meet to inspect the location and determine the size of the pipe needed.
5. Once the location and pipe size are determined, the property owner will receive an invoice for the ***cost of the pipe ONLY, if applicable.***
6. Payment can be made at the Town Clerk's Office or by mail to the address above.
    a. Cash or check only. Checks will need to be made payable to: TOWN OF HAMILTON.
7. After payment is received, a date will be scheduled by the Highway Superintendent to install the pipe.

Applicant Information:

Name:_____ Phone: _____

Mailing Address:_____
Street City State Zip

Email:_____

How would you like to receive your invoice? [ ] By e-mail [ ] By mail

Property Information:

Property Tax Map #:_____ Size of parcel:_____ acres. Road Frontage:_____ Ft.

Property Location:_____

Any unique geographic conditions?_____

_____

Attachments:

Please attach a **TAX MAP or SKETCH PLAN** (sketch plan must show accurate measurements) showing where you wish the driveway culvert to be located. Attach any other information as appropriate. If you are unsure of your tax map number, please ask the Clerk's Office for assistance.

I affirm that the statements herein are true to the best of my knowledge and belief.

Signature:_____ Date:_____

OFFICE USE ONLY

HIGHWAY ONLY:
Driveway Application:
( ) Approved
( ) Denied Reason:_____

Other Permits Needed:_____

Other Action:_____

FEES:

Pipe Length: [ ] 30 ft. minimum [ ] _____ ft. Pipe Cost: $_____

TOTAL COST: $_____ *(round to nearest dollar)*

Highway Superintendent Signature_____ Date: _____/_____/_____

BOOKKEEPER ONLY:
This application corresponds to Invoice #:_____. Date sent to applicant:_____

CLERK ONLY:
PAYMENT RECEIVED ON:_____ Amount:_____ [ ] Cash [ ] Check