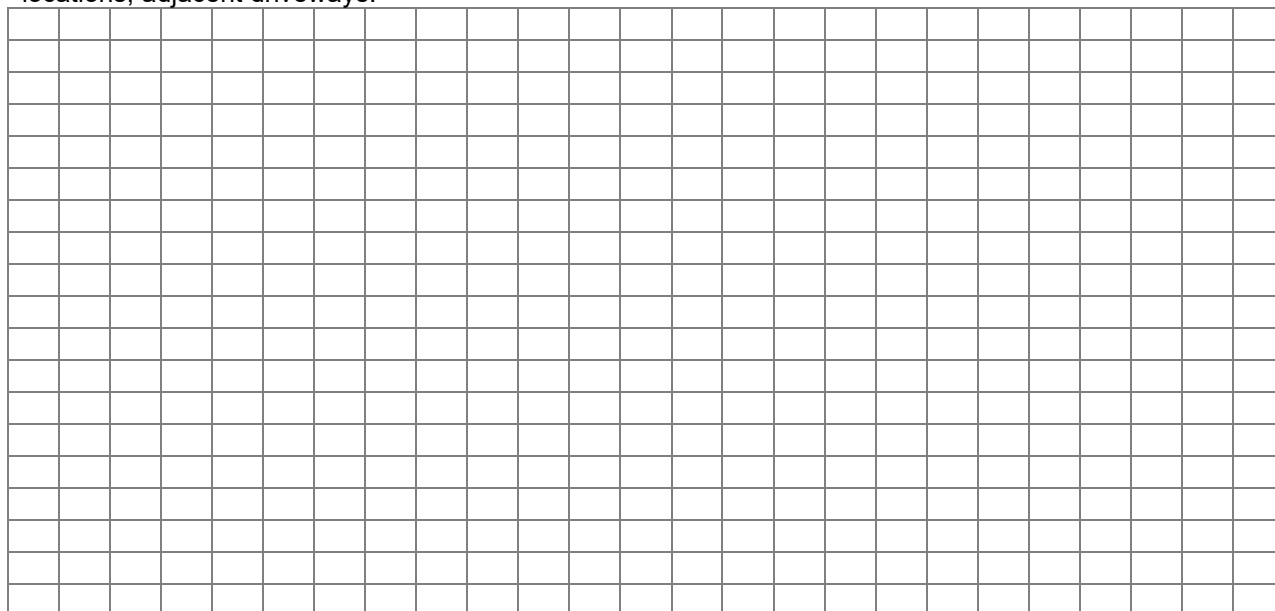




Application Date*: _____	*Allow 5 business days for processing
Date(s) of Activity*:	
Owner Name: _____	Owner Address: _____
Address of proposed work:	
Type of Work	
<input type="radio"/> a. Replace existing curb cut	Fee: \$150.00
<input type="radio"/> b. Create a new driveway and/or curb cut	Fee: \$150.00 Requires Zoning Approval
<input type="radio"/> c. Modify an existing driveway and/or curb cut	Fee: \$150.00 Requires Zoning Approval

Sketch: Indicate North. Show distances to all lot lines, curb line, cross walk if corner lot, building locations, adjacent driveways.



Applicant Information	
Name: _____	
Address: _____	
City, State, Zip: _____	
Phone: _____	Cell: _____
I hereby certify that the information on this application is true and correct to the best of my knowledge.	
_____	_____
Signature	Date

Contractor Information - REQUIRED *	
Name: _____	
Agent or Contact: _____	
Address: _____	
City, State, Zip: _____	
Phone: _____	Cell: _____
Email: _____	
*The contractor performing the proposed work must be identified before the permit application can be processed. The contractor must be insured & bonded with the City. Homeowners may not perform curb or driveway work in the City right-of-way.	

STAFF USE ONLY	
Zoning Approval:	Engineering Approval:
_____	_____
Date: _____	Date: _____
Notes: _____	Notes: _____
_____	_____