

# CURB CUT PERMIT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOCATION OF CURB CUT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURB CUT FEE \$20.00**

Signature of Applicant \_\_\_\_\_

Date Paid \_\_\_\_\_

\*\*FOR INSPECTIONS, CALL CITY HALL AT 827-1522

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REMARKS BY THE BUILDING INSPECTOR \_\_\_\_\_

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APPROVAL \_\_\_\_\_

INSPECTION OF THE CURB CUT \_\_\_\_\_

DATE OF FINAL INSPECTION \_\_\_\_\_