APPLICATION FOR CURB GRIND

1. **Property Owner Name** _____
2. **Property Owner Address** _____
3. **Property Owner phone number** _____
4. **Legal description of property where curb will be cut** _____
5. **Present zoning classification** _____
6. **Present use of property** _____
7. **Desired use/change of property** _____
8. **Is the duration of proposed use temporary or permanent?** _____
9. ***You MUST ATTACH A DRAWING that shows where the curb cut is going to be located on the described property. Drawing should show distances from property lines, sidewalks, all structures on said property, and gate placement for access to utility meters.***

I, the undersigned owner/applicant of the subject property, certify that the above statements are true and correct to the best of my knowledge and belief.

OWNER/APPLICANT'S SIGNATURE: _____DATE:_____

FOR OFFICE USE ONLY

PLANNING COMMISSION MEETING DATE: _____ DECISION? _____ MINUTES ATTACHED?_____

COUNCIL MEETING DATE: _____ APPROVED?_____ MINUTES ATTACHED? _____

PERMIT #_____

_____ _____

Zoning Administrator Date