

CITY OF OLEAN

DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR CURB CUT

Date: _____ Length of Curb to be Cut: _____

Location of Curb Cut: _____

Property Owner/Applicant: _____

Property Owner Address (if different):

Street Address: _____

City, State, Zip: _____

Telephone: _____

PROPERTY USE: () Residential () Commercial () Other

PLEASE NOTE:

- Mark location of curb cut request with stakes or paint.
- No exit or entrance shall be permitted within 30 feet of the intersection of two public right-of-ways.
- Parking is NOT permitted in front yards.

(Office Use)

Public Comment Period: _____ / _____ / _____ to _____ / _____ / _____

Date Applicant mailed notices to owners/occupants: _____ / _____ / _____

- Applicant must sign & have notarized list of addresses notice sent to
- Notice must be postmarked at least ten days prior to the expiration of the public comment period

Any Public Comment received: () Yes () No

___APPROVED ___DENIED

Date: _____

Signed: _____

Comments: _____
