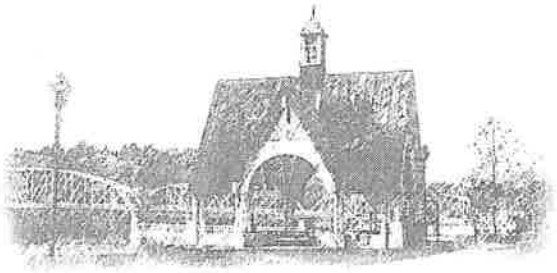

BOROUGH OF KITTANNING

KITTANNING, PENNSYLVANIA
kittanningborough.com

300 South McKean Street
P.O. Box 973
Kittanning, PA 16201

Office: 724-543-2091
Fax: 724-548-5029

CURB CUT REQUEST APPLICATION

PERMIT NO._____

DATE OF APPLICATION_____

APPLICANT INFORMATION:

NAME _____

ADDRESS _____

PHONE NUMBER (HOME) _____ (CELL) _____ (WORK) _____

CURB CUT INFORMATION: *This application shall be accompanied by a plan for the work, which shall show that the proposed work will not conflict with any ordinance of the Borough.*

LOCATION OF CUT REQUESTED_____

LENGTH OF CUT REQUESTED _____

SPECIAL CONDITIONS TO BE CONSIDERED _____

_____

THE FEE FOR AN APPROVED CURB CUT IS $100.00 AND MUST BE PAID IN FULL TO KITTANNING BOROUGH BEFORE ANY WORK CAN BE STARTED. BY SIGNING THIS DOCUMENT, THE APPLICANT AGREES TO COMPLY WITH ALL KITTANNING BOROUGH CONDITIONS AND REGULATIONS FOR CURB CUT REMOVAL, INSPECTION, INSTALLATION, SAFETY AND COMPLETION TIME.

_____

SIGNATURE PRINTED NAME OF SIGNER DATE

_____ ( ) APPROVED ( ) DENIED

SIGNATURE OF STREET SUPERINTENDENT DATE

CONDITIONS FOR APPROVAL _____

_____

_____

FOR OFFICE USE ONLY:
PAYMENT RECEIVED: _____ CHECK#_____ PLAN OF WORK SUBMITTED _____ DATE PERMIT ISSUED: _____