Permit No. _____

Date of Issuance: _____

DEPARTMENT OF PUBLIC WORKS

City of Marine City
260 S. Parker
Marine City, MI 48039

Curb Cut Permit

Applicant Name: _____

Address: _____City/State:_____Zip Code:_____

Contact # _____

Location of Work: _____

Description of Work: _____

_____

_____

14' Cut – Single Car Approach
24' Cut – Double Car Approach
Or Other – Driveway Extension, Sidewalk, etc.

Size of Cut: _____

Requirements: **Mark location of curb cut with paint.**
Please contact the Department of Public Works after marking of curb, (810) 765 – 9711.
Must also submit a Right – Of – Way Permit to the City

_____

Signature and Title of Applicant Date Application Submitted

NOTE: Department of Public Works does not make curb cuts, a contractor must be hired.

OFFICE USE ONLY

Approved By: Dept. of Public Works _____ Date: _____