

Permit No. _____

Date of Issuance: _____



DEPARTMENT OF PUBLIC WORKS

City of Marine City
303 S. Water St.
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: _____