

Village of Sutherland

Curb Cut/Driveway Permit

Property Owner: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

Legal Description of Property: _____

Present Zoning District: _____ Lot Size: _____

Principal Use of Property: _____

Reason for Curb Cut/Driveway: _____

Proposed Length of Cut: _____ Square Feet of Proposed Cut: _____

Date of Proposed Cut: _____

Does the property have an existing curb cut/driveway: _____

The applicant certifies new construction and remodeling complies in accordance with the Municipal Codes of the Village of Sutherland, (8-401). **It is the responsibility of the signed applicant to verify the lot lines prior to inspection by the Permit Inspector.** The permit application must go before the Governing Body for approval.

Property Owner's Signature

REMEMBER TO CALL BEFORE YOU DIG!! CALL 811 FOR DIGGER'S HOTLINE

A drawing of the lot with the buildings/structures and proposed curb cut/driveway is required on the back of this application. Please identify existing buildings/structures by shading and identify the proposed curb cut/driveway to which this application applies. Include measurements from the property lines.

The work must be completed to the satisfaction of the Governing Body on streets and alleys.

Front of Property
Front Lot Line Width _____

For Office Use Only

Date application filed: _____ Received by: _____

\$10.00 Fee Paid: _____ Approved: _____ Denied: _____

Permit Inspector Comments: _____

Permit Inspector Signature: _____

Utilities Superintendent Comments: _____

Utilities Superintendent Signature: _____

Date Presented to the Planning Commission: _____

Planning Commission Comments: _____

Planning Commission Chairman Signature: _____