

**CITY OF**



**WASHINGTON**

301 C Street, P.O. Box 296, Washington, KS 66968

**CURB CUT PERMIT**

Applicant's Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone Number of Applicant: \_\_\_\_\_

Location of Proposed Project: \_\_\_\_\_

Describe in detail the work to be performed: \_\_\_\_\_

\_\_\_\_\_

Describe the type of construction and type of material to be used: \_\_\_\_\_

\_\_\_\_\_

Estimated Cost of Project: \$ \_\_\_\_\_

Proposed Date to Begin \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Name/Address of contractor (if other than applicant) \_\_\_\_\_

\_\_\_\_\_

Name/Address of Bonding or Liability Insurance Carrier: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Remarks \_\_\_\_\_

\*\*\*\*\*

Date Application Received: \_\_\_\_\_

Approved  Denied

Permit # \_\_\_\_\_

City Administrator Approval: \_\_\_\_\_ Date \_\_\_\_\_

Carl D. Chalfant, City Administrator

\*\*Proof of homeowner's or liability insurance is required.