

City of Port Jervis, New York



Building Department Offices
PO Box 1002
20 Hammond Street
Port Jervis NY 12771

(845) 858-4000 Ext 4080
Fax # (845) 856-6913
www.portjervisny.gov

APPLICATION FOR CURB CUT

DATE: _____

NAME OF APPLICANT: _____

NAME OF PROPERTY OWNER: _____

(IF APPLICANT IS NOT THE PROPERTY OWNER, THIS APPLICATION MUST BE ACCOMPANIED BY WRITTEN CONSENT OF THE PROPERTY OWNER.)

ADDRESS OF REQUEST: _____

TELEPHONE NUMBERS OF APPLICANT & PROPERTY OWNER: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PROPERTY OWNER: _____

REASON FOR REQUEST: _____

A REASONABLE DETAILED PLOT PLAN OR SURVEY MAP MUST ACCOMPANY THIS APPLICATION CONTAINING THE FOLLOWING:

- A. PROPERTY LINES
- B. BUILDING LOCATIONS
- C. LOCATION OF PROPOSED CURB CUT
- D. LOCATION OF SIDEWALKS & ANY EXISTING DRIVWAYS
- E. ANY UTILITY POLES WITHIN & ADJACENT TO PROPERTY
- F. ANY FIRE HYDRANTS WITHIN & ADJACENT TO PROPERTY
- G. LOCATION OF ANY CATCH BASINS ADJACENT TO PROPERTY
- H. LOCATION OF GAS & WATER CURB BOXES FOR SUBJECT PROPERTY
- I. MUST BE OF IMPERVIOUS SURFACE

NOTE: ALL WORK MUST BE PROPERLY COMPLETED WITHIN THIRTY (30) DAYS OF APPLICATION BEING ISSUED.

BUILDING OFFICIAL

DPW DIRECTOR

CHIEF OF POLICE

APPROVED: _____

APPROVED: _____

APPROVED: _____

DISAPPROVED: _____

DISAPPROVED: _____

DISAPPROVED: _____

REASON FOR DENIAL: _____

APPROVAL DATE: _____

DISAPPROVAL DATE: _____

DIG SAFETY NEW YORK, CALL 800-962-7962 AT LEAST TWO (2) WORKING DAYS BEFORE YOU DIG