

BUILDING DEPARTMENT

420 W. MARKET STREET - ALBION, NE 68620

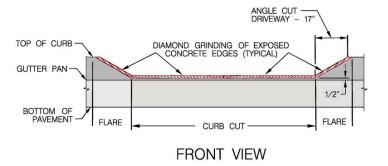
APPLICATION FOR CURB-CUT PERMIT

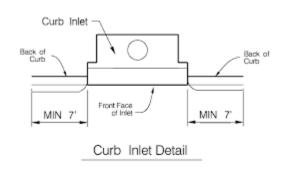
Albion Building Department Phone (402)395-2428

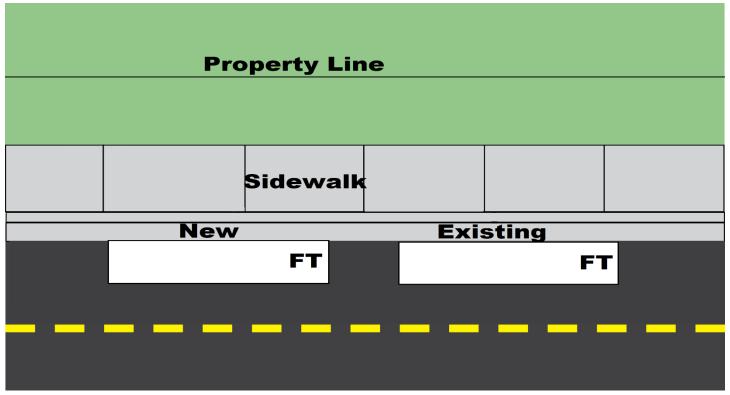
Email: Inspector@cityofalbion-ne.com

		Limits e Jurisdiction	Residential Commercial
Date:			Permit #:
Permit Fee:	\$25.00	Cost of Work: <u>\$</u>	
Contractor Name	e:		
Address:			
Telephone:			
		- Locati	on -
Property Owner:			
Address:			
Telephone:			

- A maximum 36'-0" curb-cut is permitted for a driveway for any size garage.
- The minimum distance between curb cuts serving on the same lot shall not be less than 25'-0".
- When cutting into any paving, it shall be the duty of the party to cut the paving according to the regulations as may be prescribed by the City Council or the street superintendent.
- No curb cut within 5' from a fire hydrant, stop sign, and/or 7' after a curb inlet, measuring from the nearest side of the inlet top to the start of the curb cut
- When the applicant is ready to close the opening made, the applicant shall inform the street superintendent, who shall supervise and inspect the work done enclosing the opening.







All driveway approaches shall fully comply with the conditions and requirements of the **City of Albion**

Clean Curb Requirement: It is the responsibility of the owner or builder to ensure slurry or residue from the saw cutting MUST be removed with no residue remaining upon completion of sawing operations. No residue to flow across shoulders or lanes occupied by traffic or into gutters or other drainage structures

Property Corners and Easements: It is the responsibility of the owner or builder to validate lot lines and determine that proposed construction does not violate any easement rights of any person or entity, including the City of Albion, or violate any private covenant.

Inspections of Curb Cuts: May occur after pour. It is the responsibility of the owner or builder to ensure curb openings meet city curb cut specifications. Curb section and opening not meeting specifications will require removal and reconstruction at the contractor's cost.

Signature of Applicant:	Date:	_
Approved: Yes / No		
Application Review By:	Date:	