

APPLICATION FOR CURB-CUT PERMIT

City of Elkins
Inspections Division
348-B N. Center
Phone 479-643-3696 Fax: 479-643-3368

Please type or print clearly.

Building Permit# _____ Date _____

Owner/Builder _____

Subdivision Name _____ Lot Number _____

Site Address _____

Contractor _____ Phone _____

Contractor Mailing Address _____

Contact Name _____ Phone _____

Curb-Cut Permit..... \$26.25

This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signed _____ Date _____

Title _____