



## Application for Curb Cut Permit

Applicant Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contractor Doing Curb Cut: \_\_\_\_\_

Location of Curb Cut: \_\_\_\_\_

### **I. LIABILITY INSURANCE**

Prior to beginning curb cut, the applicant shall show evidence of liability insurance with limits of \$250,000 for death or injury to each person and with limits of \$500,000 for each occurrence and with limits of \$100,000 for property damage.

Certification of Insurance attached? ☐ yes ☐ no

The applicant agrees to save the City Harmless of any damages occasioned by such digging or excavation.

### **II. REFILLING**

The applicant agrees that all work of refilling such excavation may be done by the City at its option and all work replacing the surface to its condition prior to any excavation shall be done by the City or by an approved contractor with lime or fill sand. Such work shall be approved by the City upon completion. The applicant agrees to pay for all of the costs of all such refilling, surface replacement, and all interim maintenance done prior to final repairs.

I HEREBY CERTIFY that the above information is true and correct and that I will observe Title VI, Chapter 6, of the Code of Ordinances regarding excavation work.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*

Original Goes to Lead Public Works \*Copy stays with Confidential Secretary

Approved:\_\_\_\_\_

Not Approved:\_\_\_\_\_

Reason Not Approved:\_\_\_\_\_

# of Feet:\_\_\_\_\_

Once approved and completed, notify City Hall at 563-652-2484. Thank you.

Curb cut complete:

Date of Inspection after Notification of Completion:\_\_\_\_\_

Approved:\_\_\_\_\_

Not Approved:\_\_\_\_\_

Reason:\_\_\_\_\_

Signature:\_\_\_\_\_