

City of Sabula – Curb Cut Permit Application

No Fee Required – Permit valid for one year from date of approval

Applicant Information

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Property Information

Address of Proposed Curb Cut: _____

Parcel Number (if known): _____

Curb Cut Details

1. Measurements of Curb to be Removed or Modified:

(e.g., 12 feet wide; north side of property)

2. Reason and Work Description:

(e.g., Driveway access – saw cut and remove curb)

3. Start Date: _____ 4. Completion Date: _____

Contractor or Homeowner (Responsible Party)

Name: _____ Phone/Email: _____

Insurance Provider: _____ Policy #: _____

Policy Expiration Date: _____

Requirements Before Work Begins

- Contact Iowa One Call at 811 or online before excavation.
- Mark proposed curb cut area in white paint for inspection.

Signature & Acknowledgment

I certify that the information provided is accurate. I will comply with city codes and understand that inspection and approval is required before beginning work.

Signature: _____ Date: _____

City Use Only

Received By: _____ Date Received: _____

Approved By: _____ Date Approved: _____

Permit Expiration Date (1 year from approval): _____

Notes/Conditions: _____