## **CITY OF JEANNETTE CURB CUT PERMIT APPLICATION**

110 South Second Street, Jeannette, PA 15644 724-527-4000

Property Owner Name:	
Applicant Name:	Application Date:
Applicant Mailing Address:	
Address of Project:	
Parcel ID: 14	Phone: Email:
Name of Contractor:	Address of Contractor:
Phone of Contractor:	Email of Contractor:
Curb Cut Width (Ft/In):	Description of Curb Cut:
•	thirty (30) days for review and consideration of your curb cut request* the application that include dimensions and location(s) of the curb cut(s)*
payment of the curb cut fee as requestions in the complying with, follow the not limited to, the conditions of Zoning Ordinance 17-07. The failure may result in the Property Owner, A	nts are true and correct. The Property Owner and Applicant are responsible for aired by City of Jeannette Resolution 22-14. The Property Owner and Applicant are lowing and adhering to all rules and regulations of the City of Jeannette including, of any permit or approval and the zoning specifications listed in City of Jeannette to obtain a permit or to comply, follow, and adhere to all such rules and regulations applicant, or Contractor being subject to civil and criminal penalties and fines.
Property Owner Signature:	Date:
Applicant Signature:	Date
*For questions regarding the Zoning	3 Ordinance, please contact the Code Enforcement Officer at 724-527-4000 Ext. 20*
•	Il require final review and approval by the City Engineer and the Code Enforcement ned until a curb cut approval permit is issued.*
FOR CITY OFFICIAL USE ONLY	
Date Received by City Clerk:	City Clerk Signature:
Council Approval Date:	
Payment Due: \$150.00	
Check No: Amount Pai	d: Date Paid: