City of Coos Bay
Public Works and Development Department
500 Central Avenue, Coos Bay, OR 97420
Phone (541) 269-8918 • Fax (541) 269-8916

SERVICE DRIVEWAY ACCESS / REMOVAL CURB CUT APPLICATION

Permit No. **MIS20___-00** _____

Date _____

Job Address_____ Map # _____ Zone _____

Location: Lot(s) _____ Block _____ Addition_____

Description of work _____

_____

Owner _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

PLEASE ATTACH PLOT PLAN SHOWING THE FOLLOWING AS APPLICABLE:

1. Width of curb cut(s) existing and proposed on subject property.
2. Distance to nearest existing cuts on subject property and adjoining lots.
3. Street widths.
4. On-street parking configuration.

INSPECTION OF FORMS ARE REQUIRED PRIOR TO CONCRETE BEING POURED
The undersigned agrees to execute the work in conformity to the above description.

_____ _____
Signature of Owner or Authorized Agent Date

FOR OFFICE USE ONLY

ENGINEERING REVIEW

APPROVED AS SUBMITTED: Yes☐ No ☐
HOLD - CORRECTION ITEM(S): Yes☐ No☐
Conditions/Comments: _____

_____

Authorized Engineering signature: _____ Date: _____

PLANNING REVIEW

APPROVED AS SUBMITTED: Yes☐ No ☐
HOLD - CORRECTION ITEM(S): Yes☐ No☐
Conditions/Comments: _____

_____

Authorized Planning signature: _____ Date: _____

PERMIT FEES

SERVICE DRIVEWAY ACCESS/REMOVAL CURB CUT

COST PER ALTERATION **$ 75.00**

TOTAL PERMIT FEE $ _____