



**APPLICATION FOR REVIEW
CURB CUT**

Village of South Glens Falls

**P.O. Box 1210 • 46 Saratoga Avenue • South Glens Falls, N.Y. 12803
518-793-1455 • www.SGFNY.com • Fax 518-793-3063**

Applicant/Owner: _____

Street: _____

Phone: _____

Location:(tax map lot designation) _____

Submission Date	Village Board Meeting Date	Action Taken* <u>APPROVED</u> <u>DISAPPROVED</u> Date:
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*IF APPROVED: The Village Department of Public Works will do the curb cut using the attached specifications. The D.P.W will also be responsible for notifying the Underground Facilities Protective Organization.

Describe reason for curb cut _____

GENERAL PROVISIONS REQUIRED:

1. Minimum driveway 10' wide.
2. No additional run off shall impact neighborhood property.
3. A paved apron curb shall meet Village specification; (see below).
4. Abandoned curb cuts shall be restored to full curbs.
5. Street trees and/or grass shall be protected and/or restored.
6. Applicant responsible for all costs determined and itemized by D.P.W. Superintendent.

Signature _____ Date _____

Attach location map of proposed curb cut
(REQUIRED SKETCH PLAN: (1/4" = 1')

Note I

Provide location and dimensions for:

- Existing driveway or barrier free ramps
- Existing trees or utilities (i.e. water shut off, power poles, guys)

Note II

Describe condition of existing curb and sidewalk

D.P.W Specifications for Curb Cut
