

CITY OF OMAHA

1819 Farnam, Suite 308 (402)-444-4978 fax (402) 444-5248

PUBLIC WORKS DEPARTMENT

APPLICATION FOR DRIVE APPROACH/CURB CUT PERMIT

DATE: _____

APPLICANT: _____ circle one: OWNER AUTHORIZED AGENT

ADDRESS OF PROPERTY: _____

WIDTH OF CURB CUT: _____

ALL WORK WILL BE DONE IN ACCORDANCE WITH EXISTING ORDINANCES AND CURRENT CITY OF OMAHA DRIVEWAY MANUAL.

OWNER/AUTHORIZED AGENT SIGNATURE: _____

APPROVED BY: _____ DATE: _____

TRAFFIC ENGINEER

APPLICABLE PLANNING DEPARTMENT PERMIT NUMBER: _____