

CITY OF NEWAYGO
Application for Driveway / Curb Cut Permit

Date: _____ Permit #: _____ Fee: _____

1. **Applicant information:** (if not individual, list business) **Owner Information:** (if different than applicant)
- | | |
|----------------|----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
2. Address of property involved: _____
3. Parcel Number: _____
4. Location of proposed curb cut or driveway opening: _____

5. Below draw a detailed topographical view of the property, proposed curb cut or driveway opening, neighboring driveways and public and private streets (attach separate sheet if necessary):

6. I/we do solemnly swear that the above information in this permit is true and complete to the best of my knowledge. I/we also understand that if proved otherwise, this application can become invalid and can be grounds for legal action.

Applicant	Date	Applicant	Date
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() Granted Reasons/Conditions: _____

() Denied Reason: _____

Date: _____

_____ Zoning Administrator, City of Newaygo

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