



## DRIVEWAY CURB DROP APPLICATION

**Owner / Applicant Information:** I am the: ☐ Owner ☐ Applicant

Name(s)		Address			
First and Last Name		Street Address	City	Prov	Postal Code
Home Phone	Cellular	Fax	Email		

**Subject Property Information: (If different from above)**

Civic Address of Subject Property	Legal Description of Subject Property		
Street Address	Lot:	Block:	Plan:
	Roll Number:		

**Driveway Curb Drop Information:**

Prescribed Zone	Type of "Work"	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> New	<input type="checkbox"/> Widen <input type="checkbox"/> Relocate
<input type="checkbox"/> Institutional <input type="checkbox"/> Industrial	Width Proposed:	Width Existing:

**Disclaimer**

I/We, the registered Owner(s)/Applicant of the above Subject Property, do hereby apply for a Driveway Curb Drop along the road for access to the Subject Property and agree to abide by the bylaws governing such.

I/We hereby authorize the City to inspect and arrange to construct the works herein this application and further agree to pay the applicable fee and also understand that the actual cost plus 15% will be invoiced for payment.

**\*Note:** The City may be required to estimate the cost of the Works. Any adjustment, if necessary, will be made after completion. Any overpayments will be reimbursed back to the Owner(s)/Applicant and any amount due shall be paid by the Owner(s)/ Applicant within thirty (30) days of the invoice.

**Owner/ Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Development Services Department Inspection Date: \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_ Deposit By Owner: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Refund: YES / NO

Invoice Remainder: YES / NO

Payment Complete: YES / NO