



**APPLICATION FOR NEW CURB CUT  
OR TO WIDEN EXISTING CURB CUT 4 FEET OR MORE**

**CITY OF ALEXANDRIA, VIRGINIA  
TRANSPORTATION & ENVIRONMENTAL SERVICES  
301 KING STREET, ROOM 4130  
ALEXANDRIA, VA 22314  
703-746-4035 (office); 703-838-6438 (fax)  
alexandriava.gov**

As per City Ordinance No. 3176, approved by City Council on January 24, 1987, I, the undersigned, have notified the owners of the adjacent properties, by way of this form, within five (5) calendar days after submission of an application for a curb cut.

Applicant Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Curb Cut Street Name: \_\_\_\_\_

Request for a New Curb Cut? Yes  No  What is the Requested Width? \_\_\_\_\_

Request for a Second Curb Cut? Yes  No  What is the Requested Width? \_\_\_\_\_

Will the Existing Curb Cut be Removed? Yes  No

Will the Existing Curb Cut be Widened? Yes  No  What is the Requested Width? \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Street Name and No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

**THE SIGNATURE(S) OF THE PROPERTY OWNER(S) ON EACH SIDE OF YOUR PROPERTY IS REQUIRED. IF THE REQUEST IS FOR A CORNER LOT, YOU WILL NEED TO OBTAIN THE SIGNATURE OF THE PROPERTY OWNER(S) AROUND THE CORNER. IF THE PROPERTY OWNER(S) DO NOT RESIDE AT THIS LOCATION, IT IS REQUIRED THAT THE FORM BE MAILED VIA CERTIFIED MAIL TO THE OWNER(S), RETURN RECEIPT REQUESTED. AFTER THE ADJACENT PROPERTY OWNER(S) HAVE SIGNED THIS FORM, AND INDICATED WHETHER OR NOT THEY OBJECT TO THE PROPOSED CURB CUT, PLEASE SUBMIT THIS COMPLETED FORM, AND A COPY OF YOUR SURVEY PLAT, INDICATING WHERE THE CURB CUT IS TO BE INSTALLED. THE FORM AND SURVEY PLAT MAY BE MAILED TO: CITY OF ALEXANDRIA, TRANSPORTATION & ENVIRONMENTAL SERVICES, CONSTRUCTION & INSPECTION DIVISION, P.O. BOX 178, ALEXANDRIA, VA 22313. YOU MAY ALSO BRING THE FORM AND SURVEY PLAT TO OUR OFFICE AT 301 KING STREET, ROOM 4130, ALEXANDRIA, VA 22314.**

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Curb Cut Street Name: \_\_\_\_\_

Adjacent property owners have five (5) calendar days from receipt of this notification to express an objection to the proposed curb cut, either on this form or in writing, to the Director of Transportation & Environmental Services.

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**PROPERTY OWNERS ACKNOWLEDGEMENT**

Objection:    Yes                          No   

Property Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address (if different from adjacent property where curb cut is requested): \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If objecting, give reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Objection:    Yes                          No   

Property Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address (if different from adjacent property where curb cut is requested): \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If objecting, give reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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