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.

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: _____

_____

_____

_____

_____

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: _____

_____

_____

_____

_____