



**DEPARTMENT OF TRANSPORTATION  
AND ENVIRONMENTAL SERVICES**

P.O. Box 178 - City Hall  
Alexandria, Virginia 22313

703-746-4035 (office)

alexandriava.gov

703-838-6438 (fax)

**Instructions for Application for a New Curb Cut (Also to be Used to Widen Existing Curb Cut Four (4) Feet or More)**

Per the City Council action of June 10, 1986, the person requesting a driveway entrance must notify the adjacent property owners in writing fourteen (14) days before a driveway estimate or permit can be processed.

The attached form must be completed before a driveway entrance can be approved. Along with this form, you should show the adjacent owners a sketch of the location for the proposed driveway entrance. **Note: If your property is a corner lot, you are required to obtain the signatures of the property owner around the corner, adjacent to your property.** Location of trees, utility poles, catch basins, etc. must be shown on the sketch. If it is not feasible to hand deliver this form to the adjacent property owner(s), you may mail the form and sketch by certified mail. The green return receipt card, signed by the property owner, or the envelope marked by the Post Office as Unclaimed, will be accepted as proof of notification. **Please complete this form and return it with a copy of your survey plat, with the curb cut (driveway entrance) location shown on the plat, to: City of Alexandria, T&ES/C&I, Attention: Joan Wagner, PO Box 178, Alexandria, VA 22313.** You may also fax the information to 703-838-6438, or email to [TESPermits@alexandriava.gov](mailto:TESPermits@alexandriava.gov). **Please note that all copies received must be legible.** Our physical address is 301 King Street, room 4130.

When an existing curb cut will be **widened four (4) feet or more**, the Application for a New Curb Cut must be used. This application provides the adjacent property owners with the opportunity to express any concerns they may have regarding the widened curb cut.

You will be informed by mail of the approval or disapproval of your request. If you have any questions concerning this process, please call 703-746-4035.



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.

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: \_\_\_\_\_

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

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**

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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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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: \_\_\_\_\_

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

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

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

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**FOR OFFICE USE ONLY**

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PLANNING & ZONING REVIEW

- Property Is ; Is Not       Within the Old & Historic District
- Property Is ; Is Not       Within the Parker Gray District
- Property Is ; Is Not       Within the Town of Potomac Historic District
- Property Is ; Is Not       Within the Rosemont Historic District

Recommendation:              Approve               Deny

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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TRANSPORTATION & ENVIRONMENTAL SERVICES REVIEW

- Application Mailed to Applicant: \_\_\_\_\_
- Application Received from Applicant: \_\_\_\_\_
- Application Sent to Planning & Zoning \_\_\_\_\_ To C&I Inspector: \_\_\_\_\_
- Application Received from Planning & Zoning: \_\_\_\_\_ From C&I Inspector: \_\_\_\_\_
- Application to TES/C&I Division Chief: \_\_\_\_\_
- Decision of TES/C&I Division Chief:      Approve               Deny

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_