

Jeff T. Wright  
Commissioner



**DEPARTMENT OF PUBLIC WORKS**

**Matthew J. Driscoll, Mayor**

**CURB CUT REQUEST ROUTING FORM**

**LOCATION OF CURB CUT:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

Approval from all of the Departments listed below is required prior to issuing a Curb Cut Permit.

Please review and forward, in the order which is depicted below, to the next Department requiring approval. Upon completion from Public Works Transportation, please return to Tom Simone at DPW.

Thank You.

Department	Date Approved	Date Denied	Approved/ Denied by:	Comments
Zoning				
Community Development/ Code Enforcement				
Public Works Engineering				
Public Works Transportation				
Public Works Inspectors				

**CURB CUT APPLICATION**

**PLEASE PRINT**

DATE OF APPLICATION: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

OWNERS TELEPHONE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

LOCATION OF CURB CUT: \_\_\_\_\_

REASON FOR CURB CUT: \_\_\_\_\_

DIMENSIONS OF CURB CUT: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant must submit an engineering drawing at the scale of 1" = 20' which includes all appropriate topography, property lines, street lines, sidewalks, proposed curb cut location with dimensions, distances on either side of the proposed driveway to the nearest intersection, etc., prior to approval.

**The City requires (10) ten business days from the date of receipt of the engineering drawings to review the application.**

Upon approval, I the APPLICANT, hereby assume responsibility for any curb work that is raised or allowed at the designated location. I further agree to have a contractor complete the work according to specifications and details sheet.

“I also assume the responsibility for contacting Tom Simone , at 448-8549 or Dick Galloway, at 448-8548, with the DEPARTMENT OF PUBLIC WORKS one (1) week prior to starting construction to arrange for a follow-up inspection to insure that the work will be completed to CITY SPECIFICATIONS.

I understand this agreement will be null and void with my failure to notify for an inspection.

I further understand that the design will conform to the CITY OF SYRACUSE design standards and the “POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS”, latest edition, published by the State of New York Department of Transportation. Where there is a conflict, the CITY OF SYRACUSE standards will govern.”

This AGREEMENT is valid for six (6) months from the date of execution.

All traffic signal appurtenances disturbed by excavation shall be restored within two (2) weeks from the time of disruption. All traffic signal work shall be done in accordance with and must meet the approval of the New York State Department of Transportation and/or CITY OF SYRACUSE. All costs are to be absorbed by the applicant.

Applicant must contact Robin Macri, DPW, at (315) 448-8515 prior to commencing work to obtain a Liability Waiver (which gives permission to work in the CITY RIGHT-OF-WAY. An insurance Certificate listing the CITY OF SYRACUSE DEPARTMENT OF PUBLIC WORKS as *additionally insured*, must be submitted.\*

\*A minimum of One Million (\$1,000,000) General Liability and Five Hundred Thousand (\$500,000) Worker’s Compensation is required.

\_\_\_\_\_  
OWNERS SIGNATURE

\_\_\_\_\_  
DATE

PLEASE RETURN TO:

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**SYRACUSE DEPARTMENT OF PUBLIC WORKS**  
**1200 CANAL STREET**  
**SYRACUSE, NEW YORK 13210**

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Commissioner of Public Works

\_\_\_\_\_  
Date