

## Curb Grind Application

Telephone 402-296-4168  
 Fax 402-296-3600

<b>APPLICATION NUMBER:</b>		<b>DATE RECEIVED</b>	
SITE ADDRESS:		PARCEL NUMBER:	
REMARKS:			
<b>APPLICANT INFORMATION</b>			
APPLICANT/BUSINESS NAME:		TELEPHONE:	
ADDRESS:		EMAIL:	
CITY, STATE, ZIP:			
<b>OWNER INFORMATION</b>			
LEAVE BLANK IF INFORMATION IS THE SAME			
NAME:		TELEPHONE:	
ADDRESS:		EMAIL:	
CITY, STATE, ZIP			
<b>PROJECT INFORMATION</b>			
Curb Grind cost is \$15 per foot			
AMOUNT OF CURB TO BE GROUND(FEET):		TOTAL COST:	
<p><b>Terms:</b> In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the Building/Zoning Official or City representative; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the City of Plattsmouth. I/we as owner of record or authorized agent are responsible to abide by all rules, ordinances, and any association restrictions as may apply to the proposed work associated with this permit. I/WE AGREE NO WORK IS TO BE COMPLETED UNTIL LENGTH OF CURB GRIND IS VERIFIED BY THE CITY STREET DEPT AND PAID IN FULL. <b><u>This Permit is a public document and all information on it is subject to public review pursuant to the Nebraska Freedom of Information Act.</u></b></p>			
SIGNATURE/AUTHORIZED AGENT: _____			DATE: _____
<b>REVIEW CONCLUSIONS</b>			
AMOUNT OF CURB VERIFIED BY STREET DEPT _____			
PAID IN FULL _____			
DATE FORWARDED TO STREET DEPT FOR WORK TO BE DONE _____			
WORK COMPLETE _____			