

**VILLAGE OF LANCASTER
DEPARTMENT OF PUBLIC WORKS
STANDARD SPECIFICATIONS
REGULATIONS FOR CURB CUTS**

All curb cuts made within the Village of Lancaster shall require approval by the Superintendent of Public Works or Designee. Forms and information provided for this purpose may be obtained from The Public Works Office, 5200 Broadway, Lancaster, New York 14086, Monday thru Friday between the hours of 7:30 AM and 3:30 PM.

1. Curb cuts shall not be made by any means other than a concrete saw capable of making horizontal cuts parallel to the pavement leaving an exposed curb face of 1-1/2" maximum above the pavement at the gutter line. The contractor/company shall have experience in the use of this equipment.

2. All costs associated with making a curb cut shall be borne by the party requesting same. Inclusive but not limited to removal of all resulting concrete owner/contractor.

3. Before any work is started the contractor or his/her agent shall return the forms provided to the Department of Public Works for approval with the following information:

- a) Street and house number.
- b) Location of cut.
- c) Length of cut.
- d) Proof of liability and compensation insurance.

4. Any curb cut approval shall meet the criteria established by the standard detail drawing copy attached and the Village Ordinance relating to no parking in front yards found in Article V – off street parking regulations 152-18 of the Village Code.

5. The Department of Public Works shall notify the applicant with approval or denial within 7 days after receipt of the application. If approved the contractor shall notify the Dept. of Public Works (24) twenty-four hours in advance of starting work and shall schedule an inspection at the completion of same.

**VILLAGE OF LANCASTER DEPT. OF PUBLIC WORKS CURB CUT
APPLICATION**

(PLEASE PRINT/TYPE)

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

HOME/BUSINESS OWNER YES _____ NO _____

I HAVE READ THE ATTACHED SPECIFICATIONS AND UNDERSTAND THEM:

SIGNED: _____

DATED: _____

CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

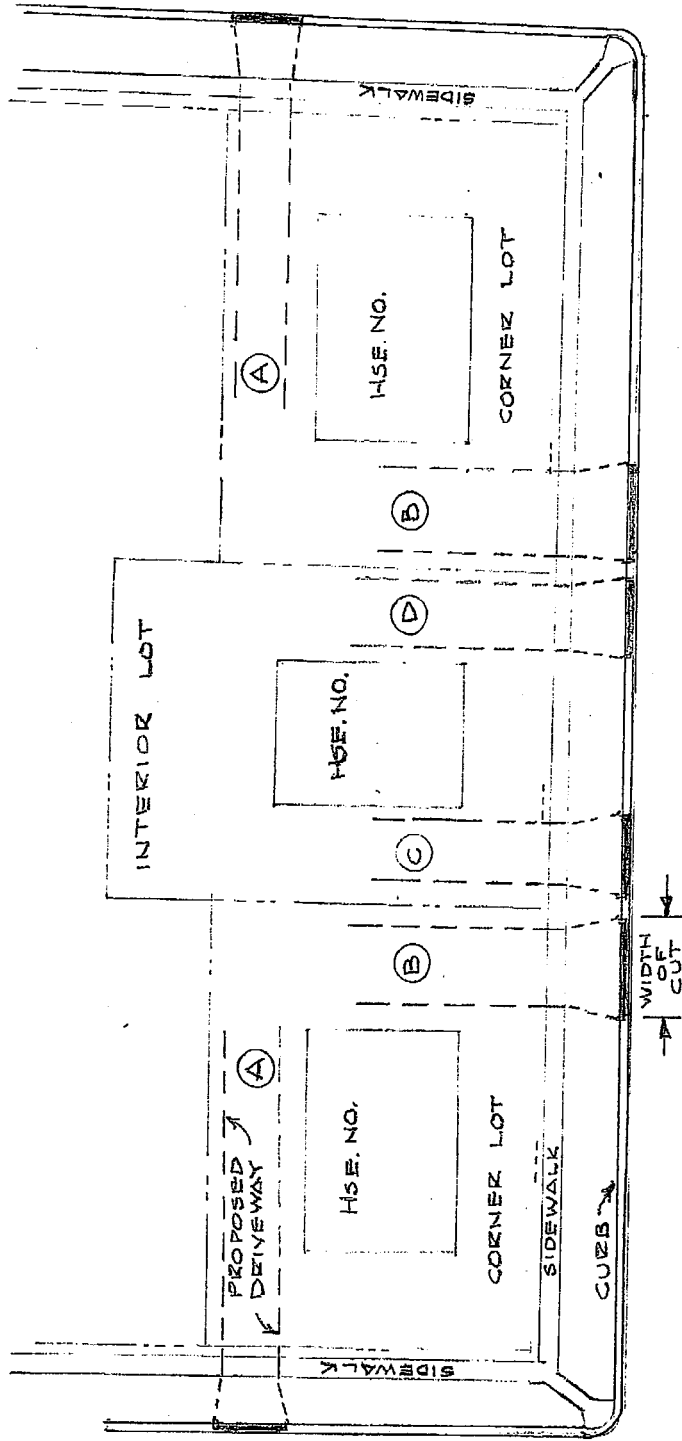
NUMBER OF YEARS IN BUSINESS: _____

**PLEASE ATTACH APPROPRIATE INSURANCES TO APPLICATION.

APPROVED BY: _____ TITLE: _____

DATE: _____

CURB CUT LOCATION FORM



PROPOSED DRIVEWAY LOCATION

WIDTH OF CUT FT.

NAME OF STREET _____

