CITY OF WALTHAM MASSACHUSETTS



Clerk, Board of Survey and Planning

CURB CUT OPENING PERMIT APPLICATION

Consolidated Public Works Department

Date Request Received:	Plan: YES NO	
Applicant:	Phone:	
Applicant Address:		-
Owner of Property:		_
Curb Cut Address:		_
Description of curb cut:		_
Engineering Department Review	Recommended:	_
Date:	Not Recommended:	_
Ву:		
Comments:		_
		_
C.P.W. Department Review:	Approved:	
Date:	Not Approved:	<u> </u>
Michael L.J. Chiasson, Director		
Comments:		