



**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. **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.

PROPERTY OWNERS ACKNOWLEDGEMENT

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: _____

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: _____

FOR OFFICE USE ONLY

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: _____

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: _____