



CITY OF HAYSVILLE
Public Works Department
 401 S. Jane
 PO Box 404
 Haysville, KS 67060
 Phone: 316/529-5940 | Fax: 316/529-5945
www.haysville-ks.com

Curb Cut/Approach Permit Application

PROJECT INFORMATION

Project Address:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Contractor Name (or responsible party doing work):	Contractor License #:
Contractor Address:	Contractor Phone #:
Property Owner:	Property Owners Address (if different from project address):

I/We understand that all provisions of laws, resolutions and ordinances governing this type of work will be complied with whether specified herein or not.

I/We acknowledge that the \$50.00 application fee is non-refundable.

SIGNATURE: _____ Owner Agent or Contractor

OFFICE USE ONLY		
Date/Time Application Received: _____	Fee: _____	Receipt #: _____