

Curb to Property

FORM

DS-689

AUGUST **2015**

This form is required to reques DSDcurbtoproperty@sandiego.	<u>gov.</u>		protect, email request	
Applicant Name:	Ema	Email Address: Date:		
Property Address:	Telephone:			
NOTE: ONI	Y ONE PROPERTY A	DDRESS PER REQUES	ST WILL BE PROCESSE	D
List Below the Frontage Street(s) Adjoining the Parcel Requested for Curb to PL Distance:				
Frontage Street:				
Purpose of the Request:				
Permit No./PTS No. (if applicable):				
Staff Name Requiring the Curb to PL:				
FOR DEPARTMENT USE ONLY				
YOUR LOT				
	PROPERTY LINE			
	DISTANCE	STREET SIDE	STREET FRO	NTAGE NAME
FOR REFERENCE ONLY NOT A SURVEYED LOCATION				
	<u>↓</u> FA	CE OF CURB		
Property Address:			Drawing No(s):	
Reviewed by: Date:				
Remarks:				