SIDEWALK INSPECTION

Date:_____ $30 Fee Pd._____ Permit No._____

To be completed by applicant in conjunction with the issuance of any permit for work in the amount of $5,000 or more *or* upon the sale of real property. (Ordinance 397 N.S. 3/80)

PROPERTY ADDRESS:_____ Zip:_____

OWNER INFORMATION:

Name of Owner:_____ Phone: (____)_____
(Please circle one: Mr./ Mrs./ Ms.)

Address of Owner:_____
Street Address City/State Zip

APPLICANT INFORMATION:

Name of Applicant:_____ Phone: (____)_____
(Please circle one: Mr./ Mrs./ Ms.)

Company (if applicable):_____

Address of Applicant:_____
Street Address City/State Zip

Comments:_____

For Office Use Only:

Inspection Date:_____ Inspector:_____ Color: P LB YB

Measurements:

Square Feet to be Repaired:_____ Amount Due: $_____

Tree Root Problem?_____

Comments:_____

Revised 7/1/2008