

# SIDEWALK INSPECTION

Date: \_\_\_\_\_ \$34 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 & Email (if applicable): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
Street Address City/State Zip

Email Address: \_\_\_\_\_

## For Office Use Only:

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Color: P LB YB

Measurements:

Square Feet to be Repaired: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Tree Root Problem? \_\_\_\_\_

Comments: \_\_\_\_\_