

SIDEWALK/DUMPSTER/PARKING/ROAD CLOSURE

DATE OF APPLICATION: _____

PERMIT #

LOCATION OF WORK

STREET _____

START DATE _____

CROSS STREET _____

END DATE _____

DESCRIPTION _____

DIG SAFE # _____

PROPERTY OWNER INFORMATION

Property Owner _____

Address _____

City/State/Zip _____

Phone/Cell Phone _____

Email Address: _____

CONTRACTOR/DUMPSTER COMPANY

Name: _____

Owner _____

Address _____

City/State/Zip _____

24 Hr. Phone: _____

Excavator (if different than Contractor) _____

By signing below I acknowledge I have read, understand & agree to abide by policies listed in the regulations, procedures and instructions. The Superintendent or his designee has the right to revoke any permit and or bonding from permit holder if all policies and regulations are not followed

CONTRACTOR/OWNER (PRINT) _____

CONTRACTOR/OWNER (SIGNATURE) _____

SIDEWALK/PUBLIC SPACE/CURB CUT (check)

Blocking _____ Repair _____ Replace _____ New _____ Excavation _____

Width _____ Length _____ Depth _____ Bluestone Y/N _____

Current Material _____ Replacement Material _____

Parking Meter Blocked y/n _____ #Meters _____ Meter # _____

DUMPSTER (check)

Size _____ On Street _____ On Sidewalk _____ Other _____

Parking Meters Blocked Y/N _____ #Meters _____ Meter # _____

FEE SCHEDULE

Sidewalk	\$50.00	Curb Cut	\$100.00
Block Public Space	\$50.00	Non Compliance	\$250.00
Block Park Meter	\$25/ metered space/ day	Emergency	\$100.00

FOR OFFICE USE ONLY:

Approval _____

Amt Pd _____

Check # _____

Cash _____

Receipt # _____