

SIDEWALK INSPECTION

Date: _____ \$153 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: _____
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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: _____