

SIDEWALK INSPECTION

Date: _____ \$157 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: _____