



Sidewalk Permit Application

PLEASE COMPLETE EVERYTHING UNDERLINED IN RED

Permit # _____

Date Issued _____

Receipt # _____

Property Address

Date of Application

Location: _____

Width: _____

Length: _____

Sidewalk Square Foot: _____

Project Start Date: _____

Describe Work Performed:

Valuation (cost of project & labor): _____

It is the responsibility of the permittee to call for all inspections with 48-hour notice and be on site for inspection.

I Herby Acknowledge that I have read this application and state that all information listed is correct and agree to comply with all City ordinances and state laws.

Owner's Name _____

Address _____

City, State & Zip _____

Daytime Phone _____

Cell Phone _____

Email _____

Please Print _____

Applicant Signature _____

Owner Contractor

OFFICIAL USE ONLY

Approval:

Street Superintendent

Date

Building Official

Date

Inspection Approved:

Street Superintendent

Time

Date

Building Official

Time

Date

(Void 120 days from date of issue)

OFFICIAL USE ONLY

Sidewalk Fee \$5.00 Collected By: _____

Final Total: \$ _____

City of Chariton Building Department
115 South Main Street
Chariton, Iowa 50049
(641) 774-5991
codeofficer@chariton.org