



SIDEWALK PERMIT APPLICATION CHAPTER #1171.25

Application Number: _____ Date: ____/____/____

Fee:

Single Family - \$50

Non-Single Family - \$100

Total Fee Amount: ____\$____ Paid: ____\$____ Check # /Cash: ____\$____

1. Applicant Name: _____ Phone: ____ (____) ____ - ____
2. Mailing Address: _____ City: _____ Zip: _____
3. E-mail: _____
4. Contractor: _____ Phone: ____ (____) ____ - ____
5. Address for Permit: _____ Johnstown, Ohio 43031
6. Is Location of Sidewalk: On curb: ____ or Off Curb: ____ How Far Off Curb: ____' ____"
7. Will the Proposed Sidewalk Require Any Special Conditions? Yes: ____ No: ____
8. If yes, explain - _____
9. Will the Sidewalk Connect with a Pedestrian Crosswalk? Yes: ____ No: ____

**** An ADA ramp may need to be added if necessary.**

**** The undersigned is applying for a sidewalk permit for the following use, said permit to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct.**

Applicant's Signature: _____ Date: ____/____/____

**** For Sidewalk & Approach Inspections: the forms & grade must be set, rebar reinforcement set over drain lines, all wire mesh in place. Only concrete may be used.**

Office use only:

Date Received in Office ____/____/____ By: _____

Date Permit Issued ____/____/____ By: _____

Date of Inspection if Required ____/____/____ By: _____