



Development Services Department

230 W. Hickman Road

Waukee, IA 50263

Phone: (515) 978-9533

Fax: (515) 987-1845

SIDEWALK /APPROACH PERMIT APPLICATION

APPLICATION DATE _____

ADDRESS OF PROPERTY _____

PROPERTY OWNER NAME _____

PROPERTY OWNER ADDRESS _____

PROPERTY OWNER PHONE NUMBER () - _____

CONTRACTOR NAME _____

CONTRACTOR ADDRESS _____

CONTRACTOR PHONE NUMBER () - _____

CONCRETE WASHOUT LOCATION:

Required for all replacement/installation

Type of Work:

Maintenance/Sealant

Reconstruction/Leveling

Replacement

New

Other _____

Description of Work:

A sketch or diagram with the following information must be included with this application:

Location, width and thickness of portion to be repaired, reconstructed or replaced

All entryways & driveways, crossing any affected sidewalk so as to provide access to abutting property

I, THE UNDERSIGNED, DECLARE THAT ALL OF THE INFORMATION GIVEN IN OR ATTACHED TO THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND ACCEPT FULL RESPONSIBILITY FOR COMPLIANCE WITH ALL OF THE CITY'S ORDINANCES, CODES, RULES AND REGULATIONS FOR ANY WORK DONE UNDER THIS PERMIT. I UNDERSTAND NOTIFICATION OF PERMIT APPROVAL WILL BE VIA TELEPHONE.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Permit Fee: \$50.00

Permit No. _____

Notified: _____

Approved by _____

Date: _____

Inspection(s): _____

Closed: _____