APPLICATION FOR SIDEWALK PERMIT

Date: __________

Location of Property: ____________________________

Owner of Property: ____________________________ Phone: ________

Contractor: ____________________________ Phone: ________

Purpose for Permit: ____________________________ (SHOW ON DIAGRAM BELOW)

Total Area of Sidewalk: ____________________________

Work will be started on: ____________________________ Completion: ____________________________

Remarks: ____________________________

INSTRUCTIONS

1. No concrete sidewalk shall be replaced or covered with blacktop.
2. Concrete sidewalk shall be removed in its entirety and reconstructed in accordance with the City of Linden Division of Engineering construction details.
3. All excavated concrete and construction debris must be disposed of by the property owner and/or contractor.
4. Applicant must call the underground utility location service “New Jersey One Call (800-272-1000)” at least three (3) full business days prior to excavation.
5. Notify the City of Linden DIVISION OF ENGINEERING (908-474-8470) for form inspection at least twenty-four (24) hours prior to pouring concrete.

PERMIT VALID FOR NINETY (90) DAYS AFTER PRELIMINARY APPROVAL

The applicant agrees to comply with City of Linden Specifications and Details for sidewalk construction as well as all Rules, Regulations, Laws, Ordinances and Resolutions relating to said work, and the acceptance of the permit shall be deemed an agreement to abide by all of its terms and conditions.

FEE: $20.00 plus $0.50 per sq.ft. (no fee for less than or equal to 32 sf)

Signature of Applicant ____________________________

TOTAL: ____________________________

PRELIMINARY APPROVAL ____________________________ Date: __________

CALL FOR INSPECTION ____________________________

Date Time ____________________________

FORMWORK ____________________________ Date: __________

FIELD APPROVAL ____________________________ Date: __________

COMPLETED ____________________________

FINAL APPROVAL ____________________________

DIVISION OF ENGINEERING ____________________________ Date: __________

COPY TO CONSTRUCTION CODE DEPARTMENT ____________________________ Date: __________

PERMIT NO. __________