

# APPLICATION FOR SIDEWALK PERMIT

City of Cedar Falls, Iowa

Phone: (319)268-5161 • Fax: (319)268-5197

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Date of Application: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Phone #: \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

New <input type="checkbox"/>	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>
Remove <input type="checkbox"/>		

Project Description: \_\_\_\_\_

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## SIDEWALK INFORMATION



The following **must** be completed:

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Estimated Cost of Improvement: \_\_\_\_\_

Total Project Area (ft<sup>2</sup>) \_\_\_\_\_ Curb Cut Width (ft<sup>2</sup>) \_\_\_\_\_

Street Cut Area (ft<sup>2</sup>) \_\_\_\_\_ Work Begin Date \_\_\_\_\_

Sidewalk Closed YES / NO \_\_\_\_\_ Work End Date \_\_\_\_\_

Number of Sidewalk Panels \_\_\_\_\_ Type of Work: \_\_\_\_\_

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*This work is to be done under the provisions of the ordinances of the City of Cedar Falls and the Undersigned agrees to comply with all of their requirements.*

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Signature of Applicant: \_\_\_\_\_

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**\*A PERMIT MUST BE ISSUED PRIOR TO COMMENCEMENT OF WORK\***

**\*PLEASE CALL 268-5161 FOR INSPECTION\***

**\*AT LEAST A COUPLE OF HOURS BEFORE CONCRETE IS TO ARRIVE\***