



# Somerset Borough Building Inspections

P.O. Box 71, 347 West Union Street

Somerset, PA 15501-0071

Office: (814) 445-5595 \* Fax: (814) 445-3931

www.somersetborough.com



## Application for SIDEWALK PERMIT

### OFFICE USE

Zoning District: \_\_\_\_\_ Map No.: \_\_\_\_\_

Parcel No.: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Application Number: Z - \_\_\_\_\_

Permit Number: SW - \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Fees: New - \$35.00 Includes Application Fee**

**Replacement - \$10.00**

Owners Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Owners Address: \_\_\_\_\_

### Type of Sidewalk

A \_\_\_\_\_ New or \_\_\_\_\_ replacement Concrete walk.

B \_\_\_\_\_ New or \_\_\_\_\_ replacement Asphalt walk.

C \_\_\_\_\_ Asphalt overlay of existing walk.

D \_\_\_\_\_ Temporary Repair

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Work must start within 30 days and be completed within 60 days or permit issuance.

Read construction standards carefully. Keep inspector advised of your construction schedule.

Large empty box for drawing sketch plan.

Draw sketch plan below. Please identify streets and structures.

\_\_\_\_\_  
Print Applicant/Owner

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Codes Officer

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_

For more information regarding building permits/zoning visit our website: [www.somersetborough.com](http://www.somersetborough.com)



# Somerset Borough Building Inspections

P.O. Box 71, 347 West Union Street  
Somerset, PA 15501-0071  
Office: (814) 445-5595 \* Fax: (814) 445-3931  
www.somersetborough.com

## APPLICATION PERMIT

### OFFICE USE

Application No.: _____	Zoning District: _____	Permit Fee: _____
Map No.: _____	Parcel No.: _____	Lot Size: _____
Date Paid: _____	Check No.: _____	

Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Lessor/Applicant: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Lessor/Applicant Address: \_\_\_\_\_

Property Location (if different from above): \_\_\_\_\_

Detailed Description of Proposed Use(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Examples: new construction, remodeling, pool, decks, garages, sheds)

\_\_\_\_\_  
Print Applicant/Owner

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Codes Officer

\_\_\_\_\_  
Date

**The Zoning Officer has 15 days from the receipt of this application to render a decision.**

**For more information regarding building permits/zoning visit our website: [www.somersetborough.com](http://www.somersetborough.com)**

*Revised 6-1-17 CS*