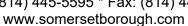


Somerset Borough Zoning Office P.O. Box 71, 347 West Union Street

Somerset, PA 15501-0071

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





Application for SIDEWALK PERMIT

| OFFICE USE | | | |
|--|---|-----------------------------|-------------------------------------|
| Zoning District: | Lot Size: | Zoning No.: Z | Permit Fee |
| Map No.: S41 | | Permit No.: SW | Date Paid |
| Fees: New Sidewalk-\$10.00 plus Zoning Permit \$25.00. Sidewalk Replacement -\$10.00 | | | |
| Jobsite Address: | | | |
| | | way Occupancy Permit must | be submitted to PennDOT _Phone No.: |
| Property Owners Address: | (If 1:65 | and the or Televise Address | |
| | (II differe | ent than Jobsite Address) | |
| Type of Sidewalk | | | |
| ANev | v or replac | cement Concrete walk. | |
| B Nev | v or replace halt overlay of existing was | cement Asphalt walk. | |
| D Bric | ks (Pavers) or Stone | aik. | |
| E Ten | pporary Repair | | |
| Length: | W. 441 | : | |
| Lengui: | 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. | | | |
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| | | | |
| Draw sketch plan below. Please identify streets and structures. | | | |
| | | , | |
| Print- Property Owner | | | |
| Signature of Property Own | er Date | Signature of Zon | ing Officer Date |
| Notes: | | | |