PE	ERMIT #:		_ FE	≣:	
E	BOROUGH OF ROCHESTER			SIDEWALK PERMIT APPLICATION	
1.	Applicant(s):			Date:	
2.	Applicant(s) Address:				
3.	Home Phone:			Work Phone:	
4.	Address of Proposed Work:				
5.	Parcel #:			Zoning District:	
6.	Property Owner(s):				
7.	Description of Work to be Done:	:			
	Existing Driveway:	Yes	No	If yes, width:	
	Proposed Driveway:	Yes	No	If yes, width:	
	* A separate curb cut p	permit	is req	uired for new or enlarged driveways.	
	Corner Lot:	Yes	No		
8.	 * If the proposed sidewalk project is on a corner lot, it is necessary to install handicap accessible curb ramps with a detectable warning surface. 8. Contractor's Name, Address, & Phone #:				
9.	Estimated Cost:				
an ex	d supplements have been provi	ided, a or the	and fe	s completed in full, signed, all required attachments e paid in full. The opening, repair, replacing, o ruction of a new sidewalk shall not proceed until a n of Rochester.	
				of the forms and grade is required. Inspectior blic Works Department at (724) 775-0212.	
				Date:	
	dewalk Permit Approval	•••••	• • • • • • • • • • • • • • • • • • • •		
Ap	proved()Disapproved() Zo	ning C	Officer	Date:	
FII	NAL INSPECTION				
Αp	proved By:			ection.	
Se	end a approved copy to Public Wo	orks fo	r Inspe	ection.	