



APPLICATION FOR SIDEWALK PERMIT

Revised 08/21/2017

City of Warren Building Code Department

318 West Third Avenue - Warren, PA 16365

Phone (814)723-6300 - Fax (814) 723-3242

APPLICATION DATE: _____ Parcel ID # _____

Owner Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Applicant Name: _____ Phone # _____

Address: _____

Contractor: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

SIDEWALK LOCATION: _____

DESCRIPTION OF WORK: Residential Commercial New Repair /Replacement of Existing
(Use back of application for sketch or attach your own)

Sidewalk Length _____ Sidewalk Width _____ Total Square Feet _____

Work should begin on or about: _____

All contractors are required to provide a Workers' Compensation Insurance Certificate with "City of Warren, 318 W. Third Avenue, Warren, PA 16365", listed as the certificate holder or claim an exemption on the Workers' Compensation Insurance Coverage Information form.

The applicant does hereby agree to perform all work according to the requirements and regulations for installation and repair of sidewalks as provided for in the ordinances of the City of Warren, Pennsylvania.

I attest information furnished is accurate and true and will notify the Building Code Department of any changes.

Call the Building Code Department at (814) 723-6300 ext. 155 for initial inspection after forms and crushed stone subbase materials are installed and before concrete is poured. A final inspection is also required after project is completed.

Owner/Applicant Signature: _____ Date: _____

******* A 24 HOUR ADVANCED NOTICE IS REQUIRED WHEN SCHEDULING AN INSPECTION *******

OFFICE USE ONLY - THIS IS YOUR RECEIPT FOR PAYMENT			
Permit Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Permit Fee: \$ _____	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Permit No: _____	