City of Port Jervis, New York

Building Department

Building Department Offices
PO Box 1002
20 Hammond Street
Port Jervis NY 12771

(845) 858-4000 Ext 4080
Fax # (845) 856-6913
www.portjervisny.org

APPLICATION FOR SIDWALK INSTALLATION

ALL WORK MUST BE PROPERLY COMPLETED WITHIN THIRTY (30) DAYS OF APPLICATION BEING ISSUED.
INSPECTIONS ARE REQUIRED PRIOR TO CONCRETE POUR AND UPON COMPLETION OF THE INSTALLATION.
A COPY OF THE PROPERTY INSURANCE OR CONTRACTOR'S LIABILITY & WORKMEN'S COMPENSATION INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION.

DATE:_____

ADDRESS OF REQUEST:_____

Section: _____ **Block:** _____ **Lot:** _____

NAME OF APPLICANT:_____

ADDRESS OF APPLICANT:_____

TELEPHONE NUMBER OF APPLICANT:_____

(IF APPLICANT IS NOT THE PROPERTY OWNER, THIS APPLICATION MUST BE ACCOMPANIED BY SIGNATURE OF PROPERTY OWNER OR WRITTEN CONSENT OF THE PROPERTY OWNER.)

NAME OF PROPERTY OWNER:_____

ADDRESS OF PROPERTY OWNER:_____

TELEPHONE NUMBER OF OWNER:_____

NAME & TELEPHONE NUMBER OF CONTRACTOR:_____

SIGNATURE OF APPLICANT:_____ **SIGNATURE OF PROPERTY OWNER:**_____

FOR OFFICE USE ONLY:

DATE APPROVED:_____ **DATE DISAPPROVED:**_____

REASON FOR DENIAL:_____

_____

BUILDING OFFICIAL

DIG SAFETY NEW YORK, CALL 800-962-7962 AT LEAST TWO (2) WORKING DAYS BEFORE YOU DIG