

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

CR#: \_\_\_\_\_

**CITY OF DURAND  
DEPARTMENT OF PUBLIC WORKS  
APPLICATION FOR SIDEWALK/DRIVEWAY PERMIT**

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

Address of Property: \_\_\_\_\_

Applicant Name & Address \_\_\_\_\_  
\_\_\_\_\_

Owner Name & Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Number of sq. ft. to be installed/replaced \_\_\_\_\_

\_\_\_\_\_  
DPW Supervisor Signature

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor's License #

\_\_\_\_\_  
MESC License #

\_\_\_\_\_  
Federal ID #

\_\_\_\_\_  
Worker's Comp. #

**\*\*Please allow 24 hour notice  
for form and final inspection.**