

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.**