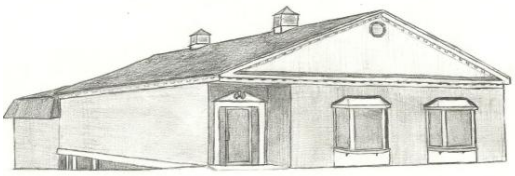

City of Sigourney
100 North Main
Sigourney, IA 52591

Phone: 641-622-3080
Fax: 641-622-1063
www.sigourney-iowa.com

Application for Sidewalk Permit

Date of Application _____ Permit No. _____

Name of Property Owner _____

Property Address _____

City _____ State _____ Zip _____

Phone No. Day _____ Night _____ Cell _____

Legal Description of Property_____

_____

_____

_____

Contractor _____ State of Iowa Contractor No._____

Contractor has Certificate of Liability Insurance on file with the City of Sigourney ☐ Yes ☐ No

Address _____City _____ State_____ Zip _____

Contact Person _____Phone No. _____ Cell _____

Length of sidewalk _____

Handicap Approaches _____Yes _____No

Removal By: _____

_____

_____

Special Instructions _____

_____

_____

I hereby acknowledge that all work done on this permit will need to be inspected by the City and that the Contractor is responsible for contacting the City Clerk's Office for inspections.

Signature of Applicant _____ Date _____

>>>>>>>>>>>>>>>>>>>>>>>>>>>> **OFFICE USE ONLY** <<<<<<<<<<<<<<<<<<<<<<<<<<<<

1. Approach/Sidewalk ..... $ 12.00

Amount of Permit _____ Received By _____

Payment Type: Check _____ Cash _____ Other _____

On File with the City Clerk's Office: _____ Bond _____ Certificate of Liability Insurance

Date Permit Expires _____ Inspected By _____

Inspection Dates: 1. _____ 2. _____

WORK STARTED BEFORE PERMIT IS ISSUED AND POSTED SUBJECT TO PENALTY