



SIDEWALK PERMIT

PERMIT NO. _____

DATE: _____

ADDRESS OF WORK:

PROPERTY OWNER:

PHONE:

CONTRACTOR:

ADDRESS

PHONE

DIAGRAM OF LOCATION, SAFETY EQUIPMENT, AND SIGNIFICANT SITE FEATURES:

I have received an Iowa DOT Design Manual 12A-2 Sidewalks, a manual which describes accessible sidewalk requirements.

INITIALS:

I certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with, including the Americans with Disabilities Act, whether such laws are specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any federal, state, or local law regulating construction or the performance of construction.

Signature of Applicant _____ Date: _____

Approved by: _____ Date: _____

