CITY OF ELIZABETH
DEPARTMENT OF PUBLIC WORKS
SIDEWALK, APRON & CURB CUT PERMIT
APPLICATION

DATE: _____

HOMEOWNERS NAME: _____

HOMEOWNERS ADDRESS: _____

HOMEOWNERS PHONE #: _____

WORK TO BE PERFORMED:
PLEASE CIRCLE SIDEWALK APRON CURB CUT DRIVEWAY

CONTRACTORS NAME: _____

CONTRACTORS
ADDRESS: _____

CONTRACTORS PHONE#: _____

COMMENTS:

_____

_____

FEE: $_____ APPROVED BY:_____
SIDEWALK INSPECTOR

CONTACTED HOMEOWNER TO PICKUP PERMIT ON: _____

NOTE: CURB CUT PERMITS GIVEN OUT ONLY AFTER APPROVAL BY ZONING DEPARTMENT