

CITY OF SPRING VALLEY

SIDEWALK CONSTRUCTION APPLICATION

1. Name of Applicant: _____
2. Address/phone number where Applicant can be reached: _____

3. Address at location where sidewalk repair is requested: _____

4. Brief description of sidewalk repair (include length of sidewalk to be repaired and description of segments of sidewalk to be repaired, if entire sidewalk is not being replaced.) _____

Applicant Signature: _____

- _____ The Spring Valley Building Inspector recommends APPROVAL of the Application.
- _____ The Spring Valley Building Inspector recommends DENIAL of the Application.
- _____ The Spring Valley Building Inspector recommends PARTIAL approval of the Application

- The Public Health and Safety Committee recommends APPROVAL of the Application. _____
- The Public Health and Safety Committee recommends DENIAL of the Application. _____
- The Public Health and Safety Committee recommends PARTIAL approval of the Application _____

Spring Valley Public Health and Safety Committee Chairman Signature: _____