



Sidewalk Construction Permit Application

Submit Applications to City Hall

Street Address: 114 North Kidd Street Ionia, MI 48846

Mailing Address: P.O. Box 496 Ionia, MI 48846

Ph: (616) 527-4170 Website: www.ci.ionia.mi.us

Date of Application: _____

Permit Fee: \$15

Project Information

Sidewalk Project's Address: _____

Description of Work (i.e., replace four squares of sidewalk, 5' x 5' x 4 = 100 sq. ft.): _____

Estimated Length of Sidewalk Needing to Replace: _____

Proposed Start Date: _____ Estimated Completion Date: _____

Applicant Information

Owner's Name: _____ Contact Person: _____

Phone: _____ Email: _____

Contractor: _____ License Number: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Insurance Requirements

- | | |
|---|-------------|
| - On account of injury to, or death of, any person in any one accident | \$1,000,000 |
| - On account of any one accident resulting in injury to, or death of more than one person | \$1,000,000 |
| - On accident of damage to property in any one accident | \$1,000,000 |

Permit Requirements

The person/company completing the work must coordinate with the City to schedule a pre-pour inspection and post-pour inspection. Please call 616-523-0147 for pre and post inspections.

- Thickness 4" (Over Driveway 6")
- 4" Sand Base
- Expansion Joints Every 4' for 4' width / 5' for Every 5' Width Sidewalk Section
- Surface to be Brushed
- Black Dirt to be Added Where Necessary and Re-seeded to Bring Site Back to Original Condition

Signature

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Application #: _____

___ Fees Paid Check: _____ Cash: _____ Credit Card: _____

___ Insurance Certificate Information:

Adequate Amount _____

Company _____

Agency _____

Expiration Date _____

Approved or **Denied** (Circle One)

Comments: _____

Copies To: _____

Signature: _____ Date: _____

Inspections

___ Pre-inspection Complete Date: _____ By: _____

___ Post-inspection Complete Date: _____ By: _____