



CITY OF SISTERS

Sidewalk/Curb Construction Permit

Date: _____ File #: _____ FEE: \$100.00 1st Inspection & 1 Callback

Owner's Name: _____ Amount Paid: _____

Address _____ City _____

Project Address _____

Phone _____ Tax Description _____

Contractor's Name _____ Insurance Expiration Date _____

Address _____ City _____

NOTE: 1. All forms to be inspected prior to pour. Call Public Works (541) 323-5212
Minimum 24 hour advance notice required.

2. All work will conform to City Standards Specifications

SITE PLAN

Sketch by owner or contractor showing location of work shall be submitted for approval prior to commencing work. This permit is for construction of Public Facility Only. You must approach City Council for approval of completion in order to start one year warranty agreement and per City Standards.

Approved for pour _____ Date _____

City Inspector

_____ Date _____

Contractor or Developer

Sisters City Hall 520 E. Cascade Avenue P. O. Box 39 Sisters, OR 97759

Ph (541)549-6022 Fax (541)549-0561

www.ci.sisters.or.us

For TTY service, dial 711

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