



*City of Carson*  
316 South Commercial St.  
PO Box 128  
Carson, IA 51525  
Ph. 712-484-3636 Fax 712-484-3645  
www.carsongov.com

APPLICATION FOR SIDEWALK PERMIT  
CITY OF CARSON

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_

SIDEWALK REPAIR/REPLACEMENT DETAILS:

1. Estimated Start Date of Construction (Sidewalk permit valid 30 days): \_\_\_\_\_

2. Description of Construction to be Completed:

Replacement of Existing Sidewalk: \_\_\_\_\_ Sq Ft

Partial Repair of Existing Sidewalk: \_\_\_\_\_ Sq Ft

Installation of New Sidewalk: \_\_\_\_\_ Sq Ft

Other: \_\_\_\_\_ Sq Ft.

By signing, the applicant is consenting to the City's entry onto the property for inspection purposes. Any costs associated with engineering or site inspections of your project will be the applicant's responsibility (if incurred).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:	Received By: _____	Date: _____
Authorized by Council on: _____		
Signature of Approval: _____	Date: _____	