CITY OF EVART

200 S. Main St.
Evart, MI 49631
(231) 734-2181
(231) 734-3917-fax
www.evart.org

SIDEWALK PERMIT

Date:

Must include a copy of your Zoning Permit
Entire cost of said repairs shall be shared 75% by the City, 25% by the property owner.

Applicant:
Name(s) _____

Address_____

Phone#_____

Dates and duration of the this request: _____

Reason for this request: _____

Property Owner:
(If different from applicant)
Name(s) _____

Address_____

Phone#_____

Contractor Information (if applicable):
Name and Company _____

Address_____

Phone#_____ Fax#_____

***Must have the Department of Public Works (DPW) approval before construction.**

_____ _____
Applicant's Signature Date

_____ _____
DPW Signature Date

_____ _____
Zoning Administrator Signature Date