

CITY OF HAMMOND
PAVING OF PUBLIC ROW PERMIT APPLICATION

FILING DATE: _________ PERMIT# _____

APPLICANT NAME: _____ Business Owner Manager

First Name MI Last Name

COMPANY NAME: _____

APPLICANT MAILING ADDRESS: _____

Street or PO Box Number City State Zip

APPLICANT PHONE: (____) _____ FAX: (____) _____

Email: _____

PARCEL# _____ (PLEASE VERIFY PARCEL ADDRESS & # W/GIS DEPT.)

SITE (PHYSICAL) LOCATION: _____

Street Address Number & Street Name

PROPERTY OWNER NAME: _____

(If different than Applicant Name above.) First Name MI Last Name

COMPANY NAME: _____

Owner Address: _____

Street Name/Street Number City State Zip

Telephone: (____) _____ Fax: (____) _____

Email: _____

DIMENSION OF AREA TO BE PAVED: _____

MATERIALS TO BE USED ON SITE: _____

WILL DITCH BE COVERED? D YES D NO
 If so, drain(s) will need to be provided as per requirements of the Street Department.

WHO OR WHAT COMPANY WILL DO THIS WORK? _____

WILL STREET TREES OR ROOTS HAVE TO BE REMOVED? D YES D NO

NOTICE: Applicant please read the following and sign below to complete this application.

1. The City Building Inspector and Street Superintendent must give approval of the areas designated for such use after proper inspection to assure public safety, and must issue a permit for use thereon.
2. All work must be inspected by the Street Department during construction.
3. A Plan or Drawing of the project must be attached to this permit.
4. Paving must be at least 5 ½-inches-thick concrete.

I certify that the above information is true and correct. I agree to abide by all City of Hammond ordinances, rules, and regulations governing the service of food or beverage on City sidewalks.

X _____

APPLICANT SIGNATURE DATE

APPROVAL:

BUILDING OFFICIAL DATE

STREET SUPERINTENDENT DATE

*****FOR OFFICIAL USE*****

PERMIT FEE: \$25.00 CHECK# _____ CASH DATE PAID ___/___/___