

**CITY OF ELIZABETH
DEPARTMENT OF PUBLIC WORKS
SIDEWALK, APRON & CURB CUT PERMIT APPLICATION**

DATE: _____

HOMEOWNERS NAME: _____

HOMEOWNERS ADDRESS: _____

HOMEOWNERS PHONE# _____

WORK TO BE PERFORMED:
PLEASE CIRCLE **SIDEWALK APRON CURB CUT DRIVEWAY**

CONTRATORS NAME: _____

CONTRACTORS ADDRESS _____

CONTRACTORS PHONE _____

COMMENTS: _____

FEE: \$ _____

APPROVED BY _____
SIDEWALK INSPECTOR

CONTACTED HOMEOWNER TO PICKUP PERMIT ON: _____

**NOTE: CURB CUT PERMITS GIVEN OUT ONLY AFTER APPROVAL BY
ZONING DEPARTMENT.**