

BOROUGH OF SINKING SPRING
3940 PENN AVENUE
SINKING SPRING, PA 19608
PHONE: 610-678-4903 FAX:610-678-5802

CURB, SIDEWALK, DRIVEWAY CUT PERMIT APPLICATION

PERMIT# _____

Applicant's Name: _____ Phone No.: _____

Address: _____

Property Location: _____ Zoning Classification _____

Description of Work: _____

Name of Contractor: _____ Phone No.: _____

Address: _____

Construction Cost: \$ _____

It is your responsibility to notify the Building Inspector when the construction is ready for inspection:

1st Inspection (after base and forming)

Final Inspection (poured and finished)

Signature of Applicant

Date

Approved _____

Date

Denied _____